ZAMBIA
SEXUAL BEHAVIOUR SURVEY 2000

Central Statistical Office

Ministry of Health

MEASURE Evaluation

This report was made possible, in part, by support from USAID under the terms of Cooperative Agreement HRN-A-00-97-00018-00.

April 2002

Printed on recycled paper

List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistical Office
CDR	Crude Death Rate
TFR	Total Fertility Rate
HIV	Human Immuno-deficiency Virus
MOH	Ministry of Health
PLWA	People Living with HIV/AIDS
SSS	Sentinel Surveillance System
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on AIDS
UNZA	University of Zambia
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey
ZSBS	Zambia Sexual Behaviour Survey

Contents

Preface

In 2000, the Central Statistical Office (CSO) was requested to carry out the 2000 Zambia Sexual Behaviour Survey (ZSBS) by the National HIV/AIDS/STD/TB Council and the USAID Mission in Zambia. The survey was a follow up to the baseline survey carried out in 1998 by the CSO. The survey sample was nationally representative and provides separate estimates for rural and urban areas. It was designed to provide information on background characteristics of respondents; knowledge, attitude and practices for HIV/AIDS/STI; and assistance available to persons with AIDS.

The CSO was responsible for the overall implementation of the survey which included sampling, fieldwork and data processing of the survey. The CSO conducted the survey in association with the Central Board of Health (CBoH) University of Zambia (UNZA), Demography Division. Technical assistance was provided by the USAID-funded MEASURE *Evaluation* Project of the Carolina Population Centre, University of North Carolina, Chapel Hill. Financial support was provided by USAID Zambia. Various stakeholders among them donor agencies Government Departments, quasi-government institutions and non-governmental organisations contributed to the development of the survey instruments.

The support and involvement of various individuals contributed largely to the success of this survey. Among those whose efforts were instrumental in the successful implementation of this survey and finalisation of this report are the Deputy Director in charge of Social Statistics Mr Modesto Banda and the Project Coordinator Mr Kumbutso Dzekedzeke. Also instrumental were Dr Jacob R.S. Malungo, Mr Vesper Chisumpa, Ms Batista Chilopa, Mr Aswell Banda, Mr Makoselo Bowa, Ms Margaret Ndakala, Mr Henry Muyabi, Mr Henry Chisopa and Ms Alice Mbewe. We would also like to thank the following reviewers, Dr A.H Simwanza, Ms Efridah Chulu, Mr P.M Mukuka, Mr Shadreck Chakamisha, Mr Clement Mwale and Mr Alfred Sampule.

Measure *Evaluation* staff contributed immensely in various ways to the success of the survey. The focal person was Dr Bates Buckner. Other measure staff were Professor Ties Boerma, Ms Susan Chen, Dr Shelah Bloom, Mr Phill Lyons, Dr F.M. Mburu and Ms Vanessa Rommelmann.

The most important thanks go to the respondents who endured and provided answers to intimate and very personal questions asked during the survey.

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Executive Summary

The HIV/AIDS epidemic in Zambia is at its peak phase. In order to reverse the epidemic, the Government of the Republic of Zambia through the National HIV/AIDS/STD/TB Council with the support of donors has implemented a number of programmes to reduce the spread of HIV throughout the population. The programmes have focussed on ensuring that individuals, families, and communities have the correct knowledge, attitudes, practices and behaviours to stem the spread of the epidemic. The government and the HIV/AIDS/STD/TB Council need to evaluate to determine whether programmes are succeeding in stemming the spread of HIV by fostering positive changes in the knowledge, attitudes, practices and behaviours of individuals, families and communities. A number of surveys and studies have been carried out to monitor these trends.

In 1998, the Zambia Sexual Behaviour Survey (ZSBS) was carried out to assess knowledge, attitudes, practices and behaviour related to HIV/AIDS in individuals, families and communities. The 1998 ZSBS showed that a lot needed to be done to improve the knowledge, attitudes and behavioural practices. The 2000 ZSBS is the second in the series of these surveys which are scheduled for every two years to enable the assessment of changes in knowledge, attitudes and practices. The 2000 ZSBS is based on the UNAIDS/MEASURE Evaluation protocol which has defined a number of indicators to measure knowledge, attitudes and practices related to HIV/AIDS.

Knowledge

Knowledge of HIV/AIDS is nearly universal in Zambia. However there is a noticeable decline in the proportion of rural respondents who indicated that they had heard about HIV/AIDS. In both the 2000 ZSBS, and the1998 ZSBS, 99% of the urban women and men had heard about HIV/AIDS. The proportion of rural women who had heard about HIV/AIDS declined from 98% in the 1998 ZSBS to 93% in the 2000 ZSBS. Similarly the proportion among the rural men declined from 98% in the 1998 ZSBS to 95% in the 2000 ZSBS. The proportion who know that HIV/AIDS can be avoided has increased much more among men and has remained unchanged among women. Among all women, the proportion remained unchanged at 78% and among all men, the proportion increased from 86% to 96% between the 1998 ZSBS and the 2000 ZSBS.

Almost all adolescents had heard of AIDS, but a large proportion of young people did not think that a person could do anything to avoid AIDS. Close to a third of men (30%) and women (32%) aged 15-19 thought that HIV could not be avoided. Seventy-nine percent of men and 75% of women aged 15-19 thought that a healthy person could be infected with HIV. For all three indicators, levels of knowledge were lower among respondents aged 15-19 than among those 20-24 and 25-49.

Since most respondents indicated that HIV infection can be avoided, measures they thought could be used to avoid the infection were assessed. More men (71%) than women (65%) had knowledge that consistent use of condoms during sexual intercourse can prevent transmission of HIV. This is an increase over the 1998 ZSBS proportions when 67% of men and 57% of women indicated the same. The proportion of men and women that indicated that sticking to one faithful sexual partner can be used to prevent HIV infection was 84% for men and 82% for women. There has hardly been a change since 1998 ZSBS when 82% of the men and women indicated the same.

The 2000 ZSBS also investigated whether people knew that unborn babies could be infected with HIV by an infected mother. Eighty-two percent of men and 83% of women indicated that an infected mother could transmit the disease to her unborn baby. Most respondents knew that transmission of HIV from the mother to the child could occur during pregnancy (94% of men and 93% of women). More than three-

quarters of both men (77%) and women (79%) also knew that mother-to-child transmission could occur during breastfeeding.

Misconceptions about transmission of HIV were also investigated in the 2000 ZSBS. Slightly less than one-fourth of respondents thought that HIV could be transmitted by mosquitoes, and 19% of men and 26% of women thought it could be transmitted by witchcraft. There was a decrease in the proportion of individuals who were misinformed about HIV transmission via mosquitoes (27.9%) and witchcraft (22.5%) between 1998 and 2000. Slightly more than 10% of respondents thought that HIV could be transmitted by sharing a meal with an infected person. This misconception was highest among rural women (13%) and lowest among urban men (8%). Overall, misconceptions were more common among rural residents than their urban counterparts.

About three-quarters of men (76%) and women (71%) knew where they could go to get tested for HIV. Eighty-eight percent of the respondents mentioned hospitals as a testing place, while others mentioned Voluntary Counselling and Testing (VCT=9%), and Mobile Clinics (1%). Other places such as Family Planning Centres (0.1%), Pharmacy (0.002%) and Field Workers (0.0004%) were rarely mentioned.

In the 1998 ZSBS, only 9% of men and 7% of women stated that they had been tested for HIV. The percentage of respondents who reported having taken an HIV test in the 2000 ZSBS increased. Overall, 13% had been tested, 14% for men and 12% for women. Of those tested, 42% were tested in the last year (39% of men and 45% of women) and 83% knew their test results (86% of men and 80% of women). The data indicate that more men than women know their HIV test results despite more women being tested for HIV through the sentinel surveillance system.

Only 59% of adolescent men and women know of a place where an HIV test is available. Only 5% of adolescent men and 7% of adolescent women had actually had an HIV test. Of these, not all received test results. Of those tested, 83% of adolescent men and women knew their serological status. The proportion of adolescents who have ever been tested for HIV is lower than among the older age groups.

Attitude

Respondents were asked a series of questions about their attitudes towards an HIV-infected individual. More than half of all respondents (58%) thought that a female teacher with HIV, but not sick, should be allowed to work. About 30% of the respondents said that they would feel comfortable sharing a meal with an infected person and 44% reported that they would buy goods from an infected shopkeeper. This situation suggests that the majority of the people still feel that they may be infected by such acts.

Most respondents (89%) expressed a willingness to care for a family member with HIV. Urban respondents (94%) were more willing to care for an infected family member than were rural respondents (85%). People living in urban areas seem to be more willing to care for a sick family member than their rural counterparts perhaps because they have experienced more AIDS-related sicknesses and deaths.

More than a third of men (38%) and women (39%) stated that if a family member were HIV infected, they would want to keep it a secret. This indicates that stigma and discrimination against families and individuals affected and infected by HIV is high in Zambia. To prevent discrimination and stigma against HIV-positive persons at the work place and in families and communities, educational campaigns should be sustained. This also means that a legal framework that protects such people should be instituted.

Practice

High-risk sexual practices are on the decline. The proportion of men and women who reported having sex with a non-regular sexual partner declined between 1998 and 2000. In 1998, 39% of sexually active men had sex with a non-regular partner and this declined to 29% in 2000. Among the women, the decline was marginal from 17% in 1998 to 16% in 2000. Coupled with the decline in the proportion who had sex with a non-regular partner is the decline in the proportion of married women and men with extra-marital partners. In 2000, the proportion of married women without extra-marital partners slightly increased from 97% in 1998 to 98%. Among men the proportion increased from 79% in 1998 to 87% in 2000. Among the women and men with extra-marital partners, the proportion with more than one extra-marital partner also declined.

The incidence of STI has hardly declined among men. In the 1998 ZSBS, 5.3% and in the 2000 ZSBS 5.2% of the men reported that they had an STI. The decline among women is larger from 2.9% in 1998 to 1.4% in 2000. In the 2000 ZSBS, 76% of the men and 77% of the women who had an STI continued to engage in unprotected sex. This is an increase over 1998 levels of 54% and 64% for men and women, respectively. Thus, a greater majority of those who contract STIs continue to practice unsafe sex despite being aware about their STI status.

Deaths in households

The prevalence of fosterhood and orphanhood increases as children get older. The majority of children who have lost one or both parents are between the ages of 10 and 14 years old. Overall, 11% of children under 15 are paternal orphans, 6% are maternal orphans, and 3% are double orphans (both their mother and father have died). Urban children were slightly more likely than rural children to be orphaned. The higher parental deaths in the urban areas might be related to the higher HIV/AIDS prevalence rates there than in the rural areas.

Results show a steady increase in the prevalence of orphanhood, from 3% in 1992 to 7% in 2000 for maternal orphans and 6% in 1992 to 11% in 2000 for paternal orphans. The prevalence of double orphans increased most, as would be expected in the case of AIDS where both parents are more likely to die than in case of other causes of death. The study suggests that double orphans tripled between 1992 and 2000 from 1% to 3%.

The causes of death most commonly reported for all persons in households were tuberculosis (17%), malaria (15%), other infectious diseases (16%) and diarrhoea (13%). Among adults, tuberculosis was by far the main cause (32%), followed by malaria (14%), and other infectious diseases (25%). AIDS was rarely mentioned as a cause of death, even though more than half of the deaths were reportedly associated with prolonged illness. It is likely that some AIDS-deaths were reported under other causes such as tuberculosis. This may especially be the case because medical practitioners often cite causes of death other than AIDS.

Households that, during the last year, had a member who had been ill for at least three months or who had died were asked about assistance. About a third (34%) of the households reported receiving care or assistance. The assistance was in various forms, including extra food (62%), money (51%), counselling (51%) and medicine (42%). Most of the assistance was from friends and family (56%); health care workers (18%); churches (49%); and community organisations (10%).

1. Introduction and Background Characteristics

1.1 The Zambian context

Zambia is a landlocked country covering an area of 752,612 square kilometres in South Central Africa. It shares borders with the Democratic Republic of Congo and Tanzania to the north; Malawi and Mozambique to the east; Zimbabwe and Botswana to the south; Namibia to the south-west and Angola to the west. Administratively, Zambia is divided into nine provinces and 72 districts.

Prior to independence from Britain on 24 October 1964, Zambia was known as Northern Rhodesia. British colonial rule was characterised by a general neglect of the needs and aspirations of the population. After attaining independence, the first Zambian government found itself with considerable financial resources at its disposal. The government embarked on a major programme of developing the social, physical and economic infrastructure of the country. Education was made compulsory, and health services were provided free of charge.

The economic and social situation in Zambia can be described as one of early improvement in the immediate post-independence period followed by a period of stagnation in the 1970s and early 1980s and decline from the late 1980s to the present. Average annual growth in GDP fell from 2.4% in the decade after independence to 0.7% in the next 15 years. Per capita GDP in 1994 was estimated at a third of what it was in 1978.

Poverty levels are currently high. In 1993, 84% of the population were living below the poverty line, an increase from 69% in 1991. In 1998, 73% of the population were living below the poverty line and 58% of the population was considered to be extremely poor, 15% moderately poor, and only 27% were considered to be above the poverty line.

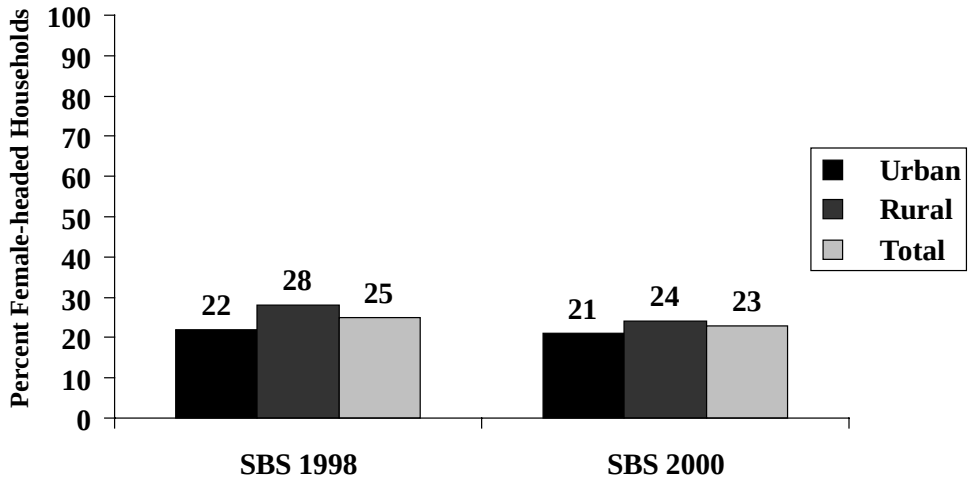
The population has increased from 3.5 million in 1963 to an estimated 10.3 million in 2000. The 1969, 1980 and 1990 national censuses reported total populations of 4.0, 5.7, and 7.8 million, respectively. The rate of growth of the population has always been very high and was estimated at 3.1% per annum from 1969 to 1990. In the intercensal period of 1990 to 2000, the rate of population growth declined from 3.1% to 2.9% per annum.

Population distribution in Zambia has shown signs of evening out. Currently five provinces have each at least 13% of the population. These are Copperbelt, Eastern, Lusaka, Northern and Southern Provinces. The remaining four provinces, namely, Central, Luapula, North-western and Western have at least 6% of the total population. In the past, Copperbelt Province had close to 20% of the total population and Lusaka 13%.

The average density in 1990 ranged from 45.6 people per square kilometre in the Copperbelt Province to 3.1 people per square kilometre in North-western Province. The population density for Lusaka Province was 45.1 while the national average was 9.8 people per square kilometre. In addition to being the most densely populated provinces, Lusaka and Copperbelt are also the most urbanised. The urban population for the whole country grew from 29% in 1969 to nearly 40% in 1990. Urbanisation slowed down considerably during the 1980-90 period compared to earlier periods.

Fertility rates have always been high although a decline in TFR from 7.1 in 1980 to 6.1 in 1996 has been recorded. Infant mortality has increased from 97 per 1000 live births in 1980 to 109 in 1996. The CDR has increased from 16.7 per 1000 population in 1980 to 18.3 in 1990. Similarly life expectancy at birth declined from 50.4 years for males and 52.5 years for females in 1980 to 46.1 years for males and 47.6 years for females in 1990.

Figure 1.1
Female-headed households, 1998 and 2000 ZSBS



1.2 The HIV/AIDS situation in Zambia

The first AIDS case was reported in Zambia in 1984. Initially, the concentration of HIV/AIDS cases was in urban areas, but it soon became clear that all parts of the country were affected. A national response began with the establishment of the National AIDS Surveillance Committee in 1986 with assistance from WHO/GPA and the establishment of national management structures to spearhead effective responses to the HIV/AIDS challenge.

In the current framework, 2001 to 2003, a single high-level institution that will effectively coordinate the actions of all segments of government and society in the struggle against AIDS has been established, the National HIV/AIDS/STD/TB Council. The Council shall provide the national and technical leadership in the fight against HIV/AIDS and a committee of Cabinet Ministers has been appointed to provide the political guidance.

The development of the Zambia National HIV/AIDS/STD/TB strategic framework follows a short-term emergency plan in 1987 to protect the blood supply and the First Medium Term Plan (1988-1992). The First Medium Term Plan prioritised eight areas: TB and Leprosy; IEC; counselling; laboratory support; epidemiology and research; STDs and Clinical care; programme management; and home-based care. In 1993, the Second Medium Term Plan was launched (1994 - 1998). AIDS, TB and STDs were integrated and emphasis was placed upon inter sectoral approaches. Access to STD-care, condom promotion, TB control and mitigation policies were stressed.

The national AIDS programme developed a core epidemiological surveillance and research system, which includes national sentinel surveillance in antenatal clinics, local population-based surveys (with saliva-based HIV testing), hospital notification of AIDS cases and small-scale research studies. Self-reported data on sexual behaviour and condom use are available from the national 1992 and 1996 ZDHS.

In order to monitor the programmes, a mechanism for monitoring impact indicators through sentinel surveillance system, population-based surveys, demographic and health surveys and sexual behaviour surveys has been put in place. A programme management information system is being developed that will facilitate the collec-

tion and analysis of information including process and impact indicators.

1.3 Objectives and organisation of the survey

The main objective of the 2000 ZSBS was to obtain national estimates of key indicators related to HIV/STI prevention and AIDS care and support for the national programme monitoring process. The indicators cover knowledge, attitudes and sexual and health-seeking behaviour. Wherever possible, UNAIDS indicators formulated by a consortium of agencies, are presented throughout the various analytic sections of this report. These standardised indicators were developed to aid in the monitoring and evaluation of national AIDS programmes.

The objectives of the survey were

- To obtain data on sexual behaviour among adults in areas using a population-based sample for monitoring and evaluation of the epidemic and HIV/AIDS prevention programs;
- To assess knowledge of preventive practices relating to HIV/AIDS among the general adult population
- To identify the incidence of reported urethritis in men and treatment patterns among men and women with STI complaints
- To complement HIV/STI surveillance data obtained from antenatal clinics with data on sexual behaviour
- To obtain community-level information from local leaders about assistance available to people with AIDS.

Table 1.1
Response Rates of Household and Individual Interviews, 2000 ZSBS

Results	Total	
	1998	2000
Household Interviews		
Sampled	1,981	1,851
Occupied	1,914	1,809
Interviewed	1,913	1,702
Household Response Rate	96.6%	92%
Individual Interviews		
Eligible Women	2,138	2,034
Eligible Women Interviewed	2,040	1,791
Eligible Men	1,803	1,798
Eligible Men Interviewed	1,655	1,525
Eligible Woman Response Rate	95.4%	88.1%
Eligible Man Response Rate	91.8%	84.8%

* Eligible participants include all women aged 15-49 years and all men aged 15-59 years within interviewed households

1.4 Sample

A representative national sample of 1,851 households, 2,034 women and 1,798 men was achieved in the same clusters from which the sample for the 1998 survey was selected. The response rate for households was 92%, for women 88% and for men 85%. The response rates in the 2000 survey were lower than in the 1998 survey (Table 1.1). In the 1998 survey, the household response rate was 97%, the women's response rate was 95% and the men's response rate was 97%.

The target sample in the 2000 survey was 2,000 households, 2,000 women, and 2,000 men. The 2000 ZSBS used the 1998 ZSBS sample. The 1998 ZSBS used the sampling frame of the 1996 ZDHS which was based on the 1990 Census of Population, Housing and Agriculture sampling frame. A total of 80 clusters were selected in both the 1998 and the 2000 ZSBS.

1.5 Questionnaires

The survey design was based on a slightly revised version of the protocol used in the 1998 survey. Three types of questionnaires were used, the household questionnaire, the individual questionnaire and the community questionnaire. The UNAIDS general population HIV/AIDS indicator questionnaire was used as the basis for the questionnaire. This included the following modules:

- Household roster: selection of eligible individuals, orphanhood, child fostering, schooling, care and support, illness during the last 12 months, outside help/care
- Individual questionnaire: background characteristics, marriage and cohabiting partnerships, sexual history and behaviour, sexually transmitted diseases, knowledge of HIV/AIDS and level of exposure to interventions, attitudes towards people living with HIV/AIDS, gender and counselling, childbearing and antenatal care
- As a new addition to the protocol, a 'community schedule' for interviewing a group of community leaders about assistance available in the community to people with HIV/AIDS was conducted during data collection. The findings are discussed in the supplement at the end of this report.

The survey questionnaires were adapted for the Zambian context by stakeholders from the modules developed by UNAIDS and MEASURE *Evaluation*. The questionnaires were translated into the seven major local languages, namely, Bemba, Nyanja, Tonga, Lozi, Lunda, Luvale and Kaonde. Copies of the questionnaire are in Appendix C.

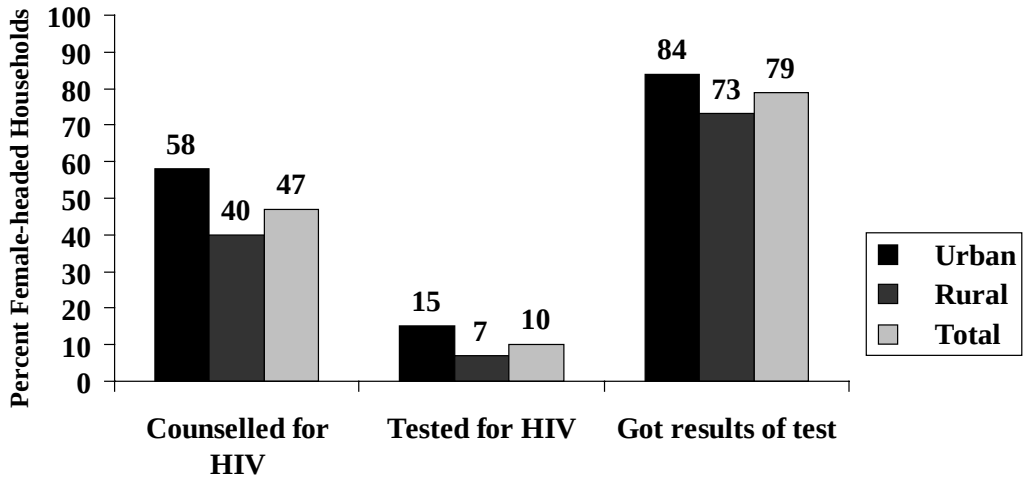
1.6 Characteristics of the household

The age distribution of household members is shown in Table A.1.1 by five-year age groups and summarised in Table 1.2. Zambia's population is relatively young. Almost half (48%) of the total population is below age 15. The dependency ratio is high, with at least one dependent per adult person aged between 15 and 64 years. Figure 1.1 depicts the percentage of female-headed households. Overall, about one-quarter (23%) of households are headed by females, with the proportion in rural areas (24%) being somewhat larger than urban areas (21%). In 1998, there were slightly more female-headed households overall (25%), with a similar gap between rural and urban households.

1.7 Education

Zambia has a three-tiered educational system. Primary education is the first seven years of schooling, with secondary being an additional five years. Post-secondary schooling is the last stage. In Zambia, 85% of women and 92% of men have had at least primary education (Table A.1.2). A much larger proportion of rural (21%) than urban (6%) women have no education. Forty-four percent of men and a third of women have some secondary education. The proportions of men and women with secondary education were more than twice as high in the urban compared to the rural areas.

Figure 1.2
Antenatal women counselled and tested for HIV



1.8 Mobility

Respondents were asked how long they had lived in their present community – city or village – and how many nights during the last month they had slept in a location other than the household in which they were interviewed. The results indicate that Zambian men and women have a fairly high level of mobility.

Among men, 5% of respondents had lived for less than one year in the present location. A slightly higher proportion of women (8%) stated the same. For both men and women, this shorter durations in the current household were more common in urban versus rural areas (Table 1.3). Twenty-eight percent of men and 31% of women had lived less than five years in the current location. The proportion that had moved in the last five years was somewhat higher among women than men and among urban residents.

In the last four weeks, 18% of women and 23% of men spent at least one night away from home; 4% of women and 5% of men spent seven days or more away from home. In the last 12 months, 19% of both women and men had spent at least one month away from home. These figures indicate that short-term mobility is also fairly high in Zambia. High levels of mobility levels are likely to increase the rate of HIV spread.

1.9 Antenatal care use and HIV testing and counselling

Women attending antenatal care are the main source of HIV surveillance data in Zambia. Surveillance is done periodically in selected clinics around the country, by taking blood from women during a bracketed time period and performing anonymous testing of these samples. Table A.1.3 shows antenatal care attendance, and voluntary HIV testing and counselling among women who had given birth within the past two years for the 2000 ZSBS. Figure 1.2 depicts the proportions of antenatal women tested, counselled and those who obtained the results from the test. Antenatal care attendance is high in Zambia, with 92% women with at least one visit overall. In urban areas, 97% of women had at least one antenatal visit, compared with 89% of rural women. Among women who had at least one visit, 58% of urban residents and 40% of rural residents said they were counselled for HIV testing. However, only 15% of urban women and 7% of rural women were actually tested. Among those who were

Table 1.2
Percent Distribution of Household Population by Age, 2000 ZSBS.

	1980 Census	1990 Census	1992 ZDHS	1996 ZDHS	1998 ZSBS	2000 ZSBS
Age Group						
<15	49.8	46.2	46.7	46.8	48.3	48.1
15-64	47.4	51.9	50.6	50.5	48.3	48.1
65+	2.8	2.9	2.6	2.7	2.4	3.7
Missing	0.0	0.0	0.1	0.0	1.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100
Median Age	15.3	16.8	16.3	16.4	15.0	16.0
Depend-ency Ratio	1.1	0.9	1.0	1.0	1.1	1.1

tested, 84% of urban women and 73% of rural women received the results of their test.

1.10 UNAIDS Indicators of HIV Counselling and Testing

UNAIDS Indicators of HIV voluntary counselling and testing and mother-to-child transmission are shown in Table A.1.4. Mother-to-Child Transmission Indicator 1 is the percent of women who were counselled for HIV testing during antenatal care for their most recent pregnancy, accepted the offer of testing and received their test results. This indicator is measured for all women who became pregnant during the past two years before the survey. In Zambia, 6.5% of women who became pregnant during the last year scored on this indicator, with more urban (10%) than rural women (4%) who were counselled, tested and knew their results.

Voluntary Counselling and Testing Indicator 1 is the percent of all women and men surveyed who have ever voluntarily asked for an HIV test and received their results. Only a small proportion of women (4.4%) and men (4.9%) who have been tested know their results. The number of individuals in urban areas exceeds those in rural areas by only a slight amount.

These indicators suggest that pregnant women are somewhat more likely to be tested than individuals in the general population. This probably reflects a greater opportunity for being tested. If pregnant women seek care for pregnancy and childbirth in a facility that offers voluntary counselling and testing, they are more likely to be tested than individuals who have no other reason to seek care. However, the percent of even pregnant women who request a test and know their results is still low. This may suggest that such services are not available at many antenatal clinics, that the opportunity to inform women about the option of being tested and or testing facilities may be limited, or the desire to be tested among pregnant women and others may be low. This suggests that more incentives for testing and collecting the results should be created.

Table 1.3
Percent Distribution of Duration of Stay in Current Location by Gender and Residence, 2000 ZSBS.

	n	Less Than 1 Year	2 –4 Years	More Than 5 Years
Men				
Urban	562	6.9	31.2	61.9
Rural	963	4.1	25.6	70.3
Total	1525	5.1	27.7	67.2
Women				
Urban	721	9.9	33.0	57.1
Rural	1,070	6.5	30.3	63.2
Total	1,791	7.8	31.4	60.8

2. Knowledge and Attitudes

When HIV/AIDS was recognised in the mid-eighties as a major health problem, the Ministry of Health (MOH) undertook numerous programmes to inform the general population about HIV and other sexually transmitted infections (STIs). Such programmes aim to increase knowledge about HIV/AIDS, decrease risky sexual behaviour and influence attitudes about gender, sex, drug use, and people living with HIV/AIDS. Information, education and communication (IEC) messages present information on STIs and HIV to the general population, and strategies spearheaded by the Ministry of Health continue to address various aspects of the epidemic. The fact that knowledge of HIV/AIDS is nearly universal in Zambia (CSO, MOH and Macro International Inc., 1997:141) may reflect the degree of programme infiltration. It is expected that increased level of accurate knowledge about how to avoid infection and positive coping mechanisms are likely to reduce the number of new infections. Personal experience with HIV-infected family or community members would also increase knowledge of the disease and influence attitudinal changes.

This chapter addresses general knowledge of HIV/AIDS, prevention methods and misconceptions, condom use, attitudes toward sexual behaviour and gender roles, and stigma surrounding HIV/AIDS. Each variable was stratified by gender and urban/rural residence.

2.1 General knowledge

In Zambia, as in many other countries where the epidemic is well established, knowledge about AIDS is very high. Ninety-nine percent of urban respondents, 94% of rural men and 93% of rural women had heard of AIDS (Table A.2.1). As expected, this knowledge is slightly higher in urban areas where there is more access to media than in rural areas. Another factor is that the urban areas have higher levels of infection and consequently deaths, which could make more people aware of the epidemic.

Respondents were asked if there is anything a person can do to avoid getting HIV, the virus that causes AIDS (Figure 2.1 and Table A.2.1). Overall, 81% of respondents believed that HIV can be avoided. Urban men were most likely to believe that HIV can be avoided (90%) and rural women were least likely to think so (72%).

Respondents were asked if a healthy person could be infected with HIV. Ninety-two percent of urban respondents believed a healthy person can have HIV, and slightly fewer rural residents had this perception (86% of men and 78% of women). Figure 2.2 compares results from the 1998 ZSBS and the 2000 ZSBS. The proportion of men and women who knew that a healthy person can be infected with HIV remained virtually the same with a slight rise among men between the two years.

The 2000 ZSBS also investigated whether people knew that unborn babies can be infected by an infected mother. Eighty-two percent of men and 83% of women indicated that an infected mother could transmit the disease to her unborn baby (Table A2.1). Most respondents knew that transmission of HIV from the mother to the child can occur during pregnancy (94% of men and 93% of women). More than three-quarters of both men (77%) and women (79%) also knew that mother-to-child transmission can occur during breastfeeding. Considering the official view up to 1998 that mother-to-child transmission through breastfeeding was non-existent, the observed trends of information on transmission is encouraging. The proportion of people who knew that HIV can be transmitted from the mother to the child at delivery was lower (61% of men and 63% of women). To avert mother-to-child transmission, educational campaigns should continue to work to inform people of these methods of transmission.

Figure 2.1
Percent of respondents who know HIV can be avoided, 2000 ZSBS

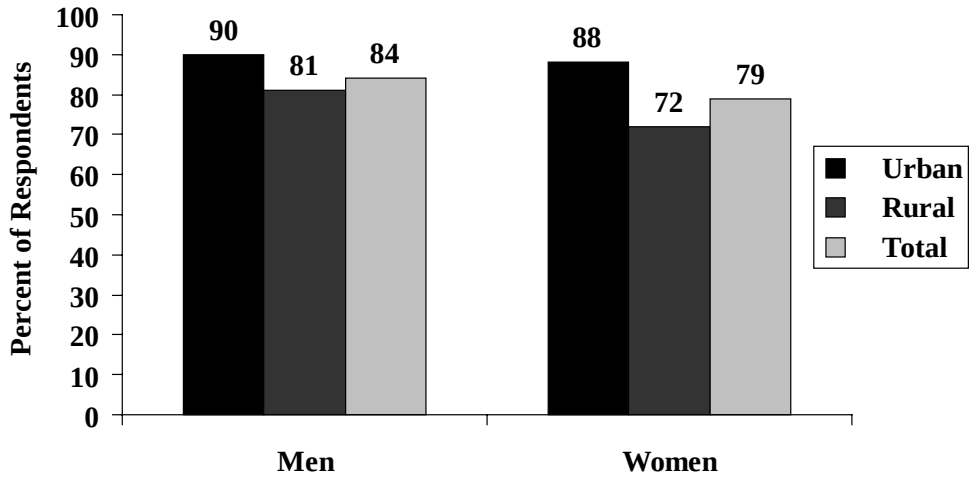
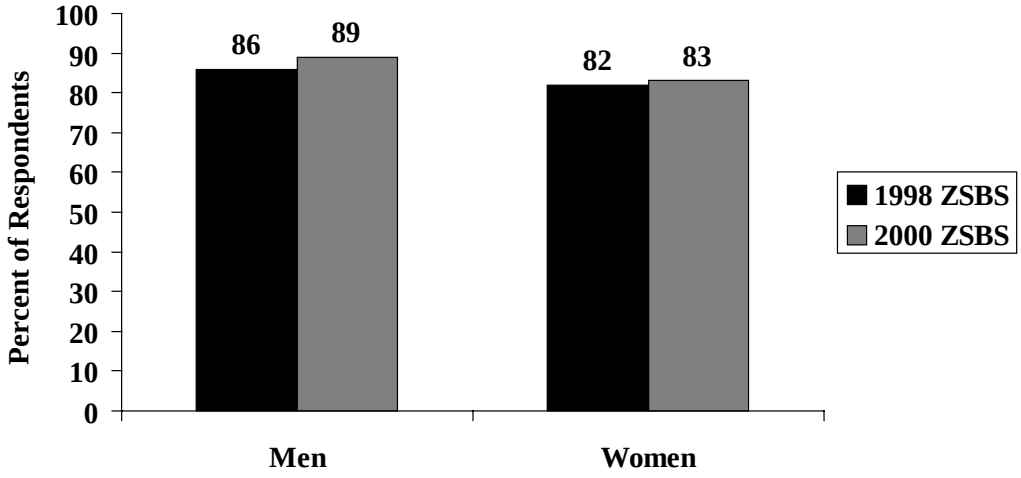


Figure 2.2
Percent of respondents who know a healthy person can have HIV, 1998 and 2000 ZSBS



2.2 Knowledge of ways to prevent infections

Since most respondents (81%) indicated that HIV infection can be avoided, it was important to assess what measures they felt could be used to prevent this infection. The 2000 ZSBS used both the spontaneous and the prompted response methods to assess knowledge of prevention methods. If a respondent believed there were ways to protect against HIV, he/she was asked to list them without prompting by the interviewer. The respondent was then asked if a person could protect from HIV infection by using a condom at each sexual encounter, and having one partner who also has no other partners. Results presented in Table A.2.2 and Figures 2.3 and 2.4 reflect probed responses. Seventy-two percent of men and 65% of women agreed that HIV transmission can be prevented by consistently using condoms. The proportions of men (84%) and women (82%) who stated having one faithful partner were much higher. People living in urban areas (91%) were more likely than their rural counterparts (80%) to believe that having one faithful partner was a way to avoid HIV infection.

2.3 Misconceptions about HIV transmission

The 2000 ZSBS asked several questions pertaining to misconceptions regarding HIV transmission: whether HIV can be transmitted by mosquitoes, witchcraft, or sharing a meal with an infected person. Misconceptions about HIV transmission were reported by between one of four and one of ten individuals (Figure 2.5 and Table A.2.3). Slightly less than one-fourth of respondents thought that HIV could be transmitted by mosquitoes, and 19% of men and 26% of women thought it could be transmitted by witchcraft. There was a decrease in the proportion of individuals who were misinformed about HIV transmission via mosquitoes (27.9%) and witchcraft (22.5%) between 1998 and 2000. This change may be attributable to various IEC programmes mounted in the country for the prevention of HIV/AIDS transmission. Slightly more than 10% of respondents thought that HIV could be transmitted by sharing a meal with an infected person. This misconception was highest among rural women (13%) and lowest among urban men (8%). Overall, misconceptions were more common among rural residents than their urban counterparts.

2.4 Exposure to people with HIV/AIDS and HIV testing

Information about population knowledge of people living with HIV/AIDS and deaths associated with AIDS provides estimates of the awareness of the epidemic, the level of stigma in a society, and the extent to which increased AIDS mortality may modify behaviour. Figure 2.6 and Table A.2.4 show the number of people who knew someone with HIV or someone who had died of AIDS. Seventy-two percent of respondents said they knew someone living with HIV or who had died from AIDS, with the percentage of men (74%) being slightly higher than women (67%). As the epidemic matures and mortality increases, one would expect an increasing proportion of respondents who know someone who died of AIDS over the years. In the 1998 ZSBS, 73% of men and 72% of women responded that they knew someone who had died of AIDS or who was living with HIV.

Table A.2.5 and Figure 2.7 show figures pertaining to HIV testing. About three-quarters of men (76%) and women (67%) knew where they could go to get tested for HIV. Eighty-eight percent of the respondents mentioned hospitals as testing place while others mentioned voluntary counselling and testing (VCT=9%), and mobile clinics (1%). Other places such as family planning centres (0.1%), pharmacy (0.002%) and field workers (0.0004%) were hardly mentioned (not shown in table).

Figure 2.3
Percent of men who mentioned selected ways to avoid HIV, 2000 ZSBS

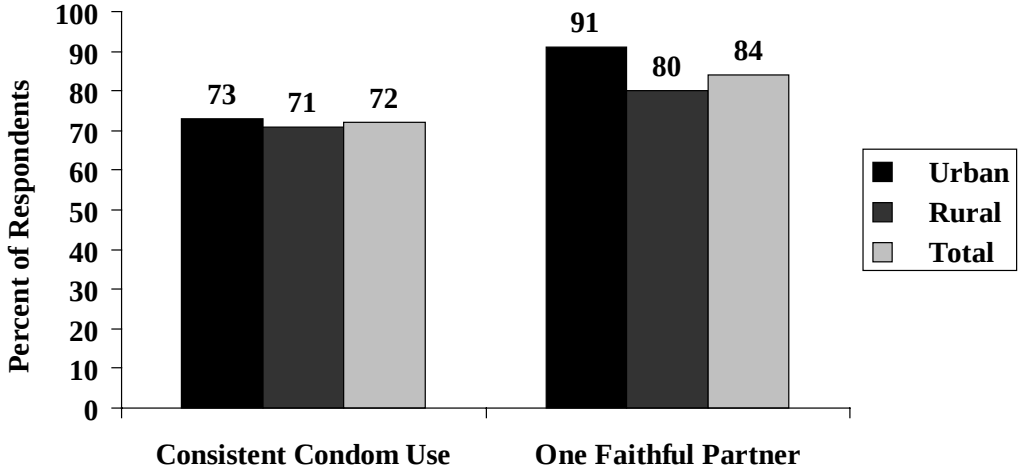
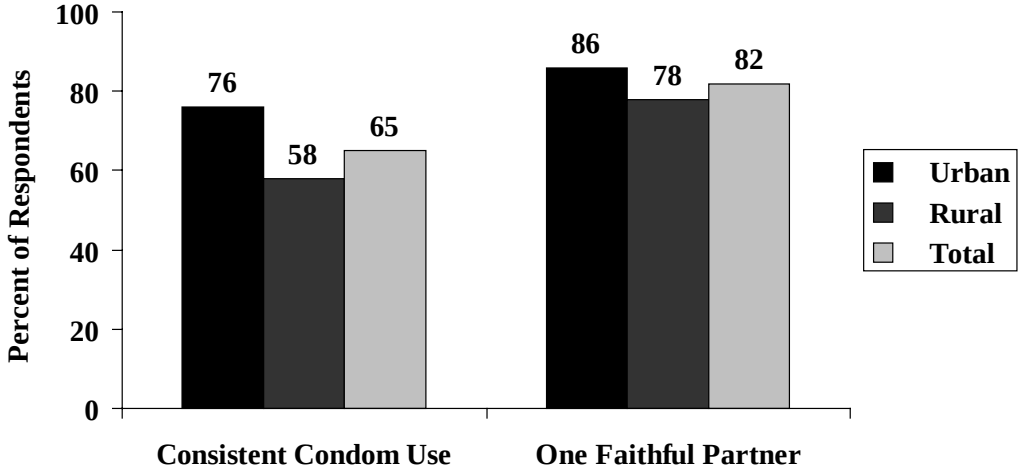


Figure 2.4
Percent of women who mentioned selected ways to avoid HIV, 2000 ZSBS



In the 1998 ZSBS, only 9% of men and 7% of women stated that they had been tested for HIV. The percentage of respondents who reported being tested for HIV in the 2000 ZSBS was 13% overall, with 14% of men and 12% of women. The lowest proportion (9%) was recorded in rural areas among women and the highest (17%) among men living in the urban areas. Of those tested, 42% were tested in the last year (39% of men and 46% of women) and 83% knew their test results (86% of men and 80% of women). The data indicate that more men than women know their test results. Among women, fewer may know the results as they might have undertaken the tests during antenatal visits where tests are anonymous. In the rural areas, however, inadequate testing and long distances to the facilities may further deter HIV testing.

Asked whether they wanted to be tested again in the future, 71% of all men and 69% of women said they did. Thus, close to one-third (30%) of the respondents did not want to be tested in the future. Overall, more people living in the rural areas indicated that they would want to be tested in the future (rural=74% of men; urban=67% of men; rural=71% of women; urban=65% of women). These results indicate higher unmet need for HIV/AIDS testing in the rural than urban areas where less testing has been conducted. The low level of testing and unwillingness to undertake any tests in the future may suggest lack of access to testing sites, financial or other barriers, or lack of incentives and knowledge about a need for HIV testing. Additionally, given high prevalence rates in Zambia, and a lack of curative measures, it may not be desirable for people to know their HIV status. Also, there may be considerable stigma and discrimination surrounding HIV and testing.

2.5 Attitudes towards HIV-Infected individuals

Respondents were asked a series of questions about their attitudes towards an HIV-infected individual. More than half of all respondents (58%) thought that a female teacher with HIV, but not sick, should be allowed to work (Table A.2.6). This proportion was highest among urban men (69%) and lowest among rural men (50%). About 30% of the respondents said that they would feel comfortable sharing a meal with an infected person and 44% reported that they would buy goods from an infected shopkeeper. This situation suggests that the majority of the people (70% for sharing meals and 56% for buying from an infected person) still feel that they may be infected by such acts.

Most respondents (89%) expressed a willingness to care for a family member with HIV (Table A.2.7). Urban respondents (94%) were more willing to care for an infected family member than were rural respondents (85%). People living in urban areas seem to be more tolerant in caring for the sick family members than their rural counterparts as they have experienced more AIDS-related sicknesses and deaths (Ministry of Health and Central Board of Health, 1999). More than a third of men (38%) and women (39%) stated that if a family member were HIV infected, they would want to keep it a secret. This indicates that stigma and discrimination against families and individuals affected and infected by HIV is an ongoing issue in Zambia. To prevent discrimination and stigma against HIV-positive persons at places of work, families and communities, educational campaigns should be sustained. This also means that legal framework that protects such people should be instituted.

2.6 Attitudes on sexual behaviour and gender

Respondents were asked a series of questions to ascertain the level of acceptability of certain practices or behaviours related to sexual behaviour and gender. Sexual negotiation was addressed through questions on whether a woman can protect herself from HIV/STIs if her husband is infected.

Figure 2.5
Percent of respondents with misconceptions about HIV transmission, 2000 ZSBS

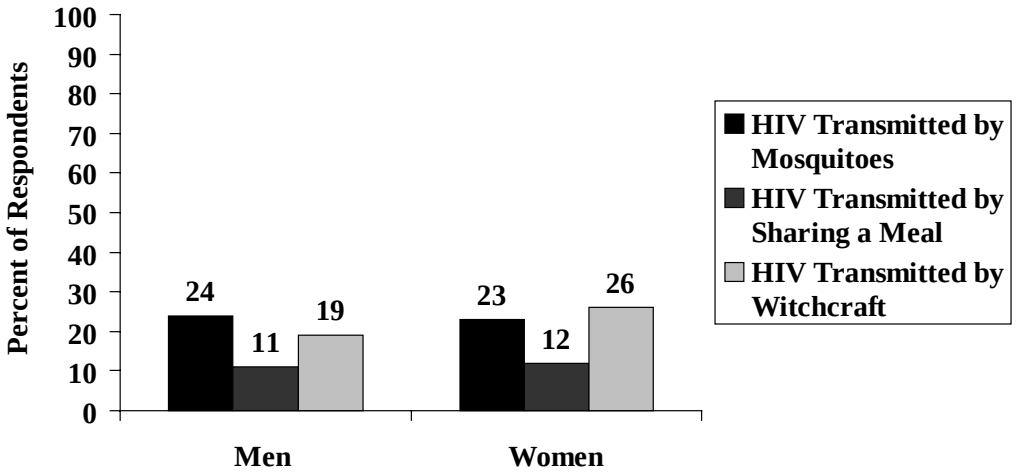
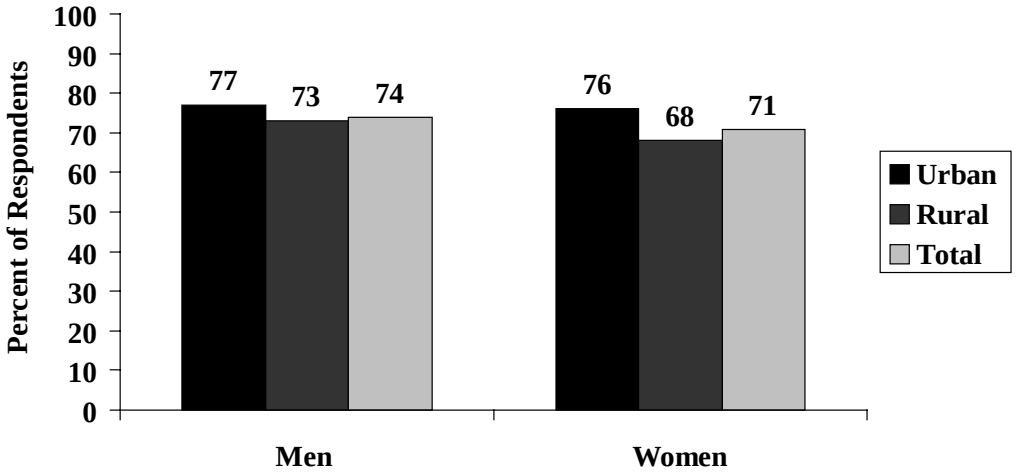


Figure 2.6
Percent of respondents who know someone living with HIV or has died of AIDS, 2000 ZSBS



2.6.1 Attitudes towards unmarried women buying condoms

There were some differences between the responses of men and women pertaining to the acceptability of an unmarried woman purchasing of condoms (Table A.2.8 and Figure 2.8). Men (62%) were more likely than women (55%) to feel that condom purchase by unmarried women was acceptable. Slightly more urban men (64%) than women (59%) believed unmarried women should be able to purchase condoms. The differences among rural respondents were greater, with 62% of men and 53% of women stating that this was acceptable. In the 1998 ZSBS, 57% of men and 42% of women believed that an unmarried woman could buy condoms. This suggests an increase in the acceptability of this practice in the last two years. If they are to avoid being infected, women must learn to exercise more control over decisions about condom use. Otherwise, men still influence and determine sexual matters in the country.

2.6.2 Sexual negotiation

The ability for women to negotiate decisions about engaging or not engaging in sexual activity has important implications for HIV and whether women can protect themselves from infections. Respondents were asked if a woman could protect herself from an STI if her husband had one.

Over half of all respondents thought a woman could negotiate sexual behaviour if her husband had an STI. In the 1998 ZSBS, only 25% of men and 30% of women felt that a woman could protect herself from getting an STI if her husband had one. Figure 2.9 and Table A.2.9 break these figures down by sex and urban and rural residence for the 2000 ZSBS. In both rural and urban areas, more men than women were of the view that women could protect themselves from an STI or HIV if her partner were infected.

Those who thought that a woman can protect herself from an STI if her husband was infected were queried about modes of protection. Respondents spontaneously identified three main ways: refusing sex, insisting on condom use and taking medications. As previously noted, 48% of men and 51% of women felt that nothing could be done. Among respondents who reported that a woman can protect herself, 65% of respondents noted refusing sex (Figure 2.10 and Table A.2.9); 66% of men and 56% of women mentioned condom use. A woman insisting upon condom use was a more common response among urban residents than rural residents. Although use of condoms and refusing sex were prescribed as protective measures, these practices may not be effective because they are 'male-driven'. Use of medicine as preventive measure is also doubtful as most infected men do not tell their partners about it (Malungo, 2000b). Besides, there is no preventive medicine or vaccine for HIV.

Table A.2.10 and Figure 2.11 show the proportions of men and women who have been circumcised. Male circumcision rates exceeded 10% in five provinces; 12% of men in Central, 21% of men in Copperbelt, 14% of men in Lusaka province, and 18% of men in Western reported they were circumcised. In North-western Province where a number of ethnic groups traditionally circumcise, 73% of men were circumcised.

Women who reported being circumcised reside in all provinces; the highest percentages being in the North-western (9%) province. Numbers are small for an analysis by ethnic groups, but a few women reported themselves as circumcised in almost every ethnic group. It is not clear if the women are indeed reporting female circumcision or confuse the question with something else, e.g. labia elongation. Further research on this topic is needed. Caution should also be taken on this issue because a number of women who reported to have been circumcised may be foreigners from female-circumcising neighbouring countries who have taken on Zambian nationality. This may be especially so because Zambia hosts a lot of refugees. Otherwise, research suggests that male circumcision may prevent infection of HIV (Caldwell, Orubuloye, and Caldwell, 1997; Malungo, 2000d). Otherwise, the other practices such as dry sex, sexual cleansing and levirate marriage, which may facilitate HIV infections, should be discouraged (Malungo, 1999; 2001).

Figure 2.7
Percent of respondents of reproductive age who have had an HIV test and know the results,
2000 ZSBS

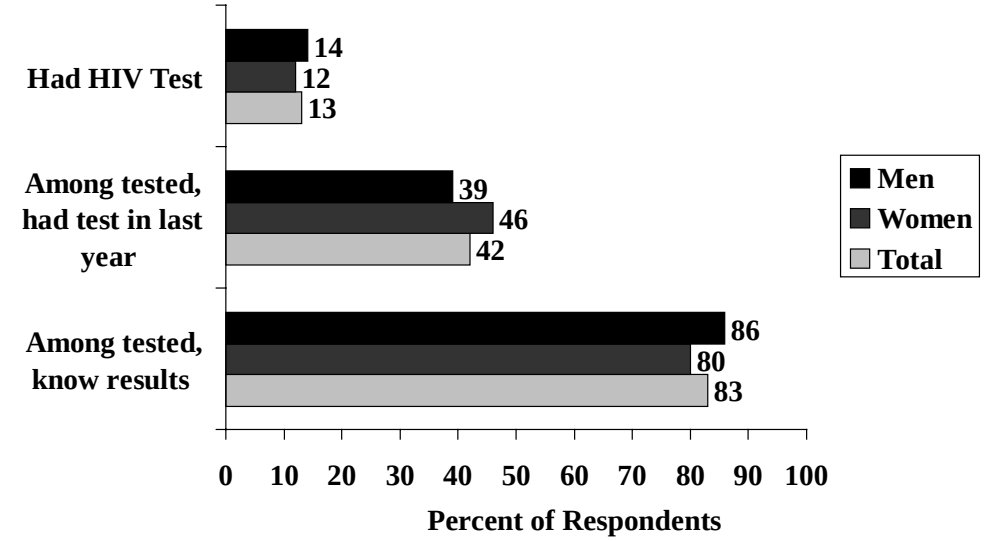
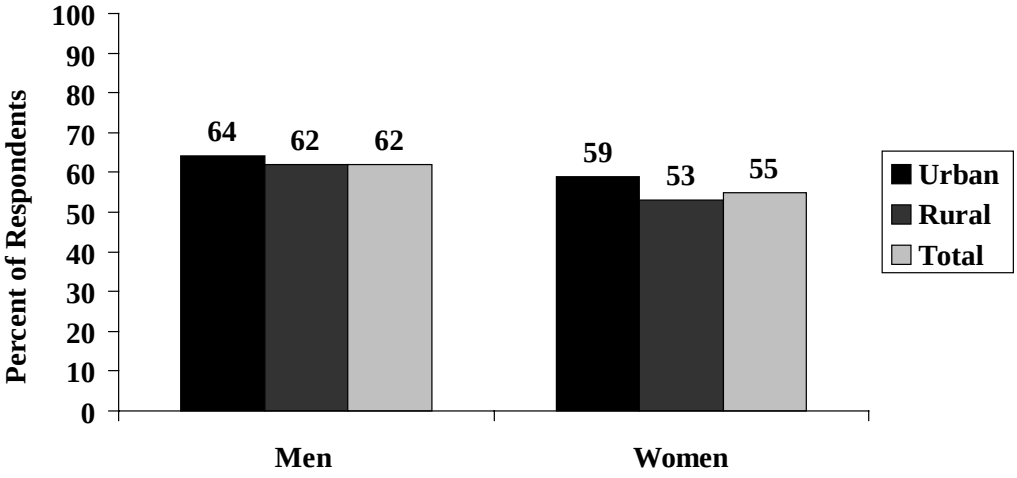


Figure 2.8
Percent of respondents who believe unmarried women can buy condom,
2000 ZSBS



2.7 UNAIDS Knowledge and Attitude Indicators

Several of the UNAIDS knowledge and attitude indicators could be constructed from the 2000 ZSBS data. Table A.2.11 shows Stigma Indicator 1, and Knowledge Indicators 1-3. These indicators are created from a number of questions in each area. The denominator for all four of these indicators is all persons surveyed.

The Stigma and Discrimination Indicator 1 is defined as the percent of people expressing accepting attitudes towards people with HIV. A positive response to the following four items constitutes having an accepting attitude: willingness to care for a family member who became sick with the AIDS virus; willingness to buy food from a shopkeeper who was infected with HIV; agreeing that a female teacher with HIV should be allowed to continue teaching; if a family member became infected with HIV, whether or not individuals would want to keep this a secret (the positive response being no). The problem of stigma in Zambia is apparent from the scores in this indicator. Among men, only 21% had accepting attitudes towards individuals with HIV, and there was an even lower percentage of women (18%). More people in urban areas had accepting attitudes about people infected with HIV than those in rural areas.

Knowledge Indicator 1 is the percent of respondents who say that a person can reduce their risk of becoming infected with HIV by using condoms and sticking to one faithful partner, in response to prompted questions. A correct response for both items is necessary for a positive score on the indicator. Somewhat more men (66%) than women (60%) answered correctly. There was a large difference between urban and rural residents.

Misconceptions about HIV/AIDS are another way of measuring the level of understanding in a society. Knowledge Indicator 2 is the percent of respondents who reject the two most common local misconceptions about HIV transmission *and* who know that a healthy looking person can be infected with HIV. In Zambia, the two misconceptions comprising this indicator were the beliefs that HIV can be transmitted by mosquitoes and by witchcraft. A little over half of Zambian men (56%) and less than half of Zambian women (49%) had no incorrect beliefs about HIV transmission. Urban residents were better informed than those in rural areas, with the difference among women (urban women=60%, rural women=41%) slightly larger than among men (urban men=66%, rural men=50%).

Knowledge Indicator 5 pertains to understanding how to prevent HIV transmission from mother-to-child. To score on this indicator, individuals had to respond correctly to prompted questions about preventing transmission through both the use of anti-retroviral therapy and avoiding breastfeeding. Both men and women scored extremely low on this indicator, with only 1% of both men and women responding correctly. It is worth noting that among women, 23% stated that avoiding breastfeeding was a way to prevent mother-to-child transmission, and only 2% stated that anti-retroviral therapy could do the same. Among men the breakdown was equivalent, with 23% of men knowing about breastfeeding and only 3% responding correctly about drug therapy. At the time of the survey, the availability of anti-retroviral drug therapy in Zambia was extremely limited, as in other poor countries. These data indicate that the general population is virtually uninformed about the possibility of such treatment.

While awareness of AIDS is almost universal in Zambia, the scores on these indicators show that a fuller understanding about HIV transmission is fairly low. Furthermore, stigma about HIV-infected individuals in Zambia appears to be a considerable problem. This may reflect misconceptions about HIV transmission and people's fears about becoming infected by casual contact. There is also the need to focus messages on mother-to-child transmission. This suggests that while education campaigns in Zambia are reaching the general population to some extent, there is a need for more particular information about HIV transmission and interventions to lower stigma and discrimination against infected and affected individuals, families and communities.

Figure 2.9
Percent of respondents who believe that women can protect themselves from an STI or HIV if partner is infected, 2000 ZSBS

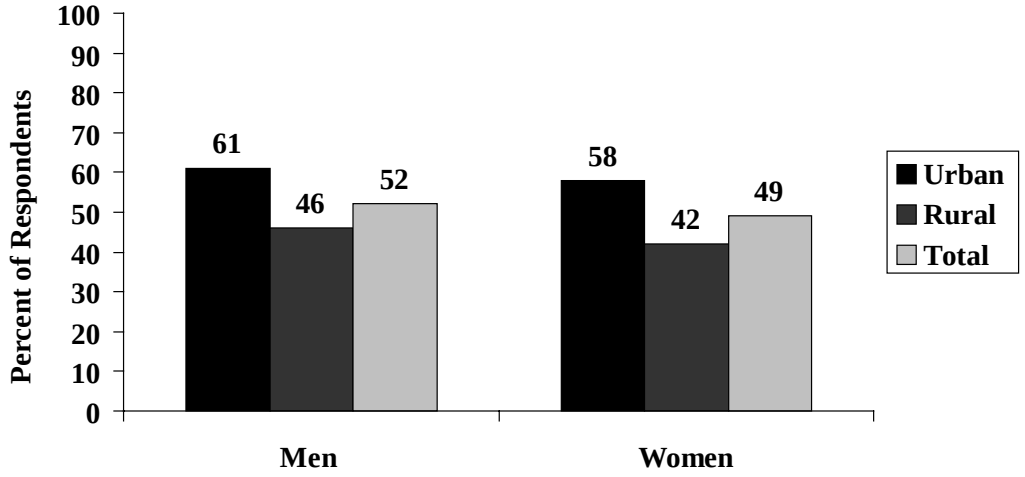


Figure 2.10
Percent of respondents who know ways in which women can protect themselves from STI/HIV, 2000 ZSBS

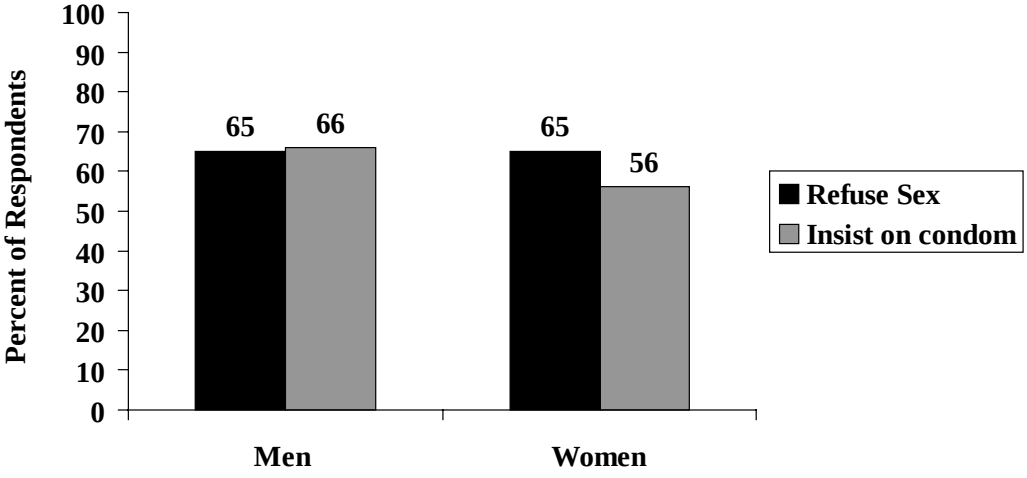
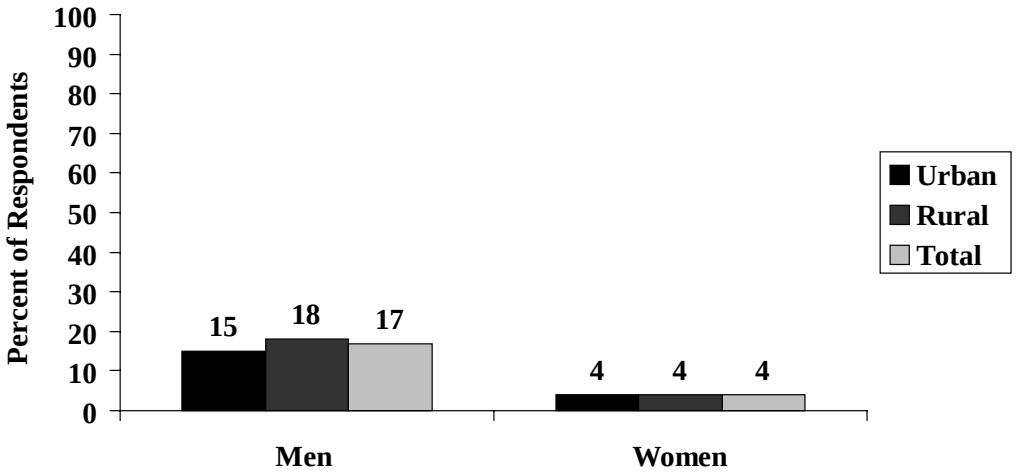


Figure 2.11
Percent of respondents who reported to being circumcised, 2000
ZSBS



3. Sexual Behaviour

It is critical to understand the levels, patterns and sexual practices and behaviours of a society as these determine the spread of STIs, including HIV/AIDS. In Africa where heterosexual is the main mode of HIV/AIDS transmission, sexual behaviours have been implicated in the rampant spread of the pandemic. To avert any further spread and re-infections, consolidated preventive and care programmes are needed at different levels, including community, district, regional and national levels (Malungo, 2000a). The main HIV prevention efforts have involved the promotion of sexual abstinence or delay of age at first sex, being faithful to one partner or encouragement of mutual faithfulness and consistent and correct condom use, often abbreviated as ABC (A = Abstinence; B = Being faithful; C = Condoms (Malungo,2000d). Educational campaigns have been carried out to try and reduce the risky sexual behaviour. In many countries in the world, cultural constraints prevent open discussion of sexual matters across age and sex cohorts and among family members. Thus, sex is learnt intuitively, or absorbed, rather than explicitly taught. Education efforts assume that increased knowledge about the risks will eventually translate to reductions in 'risky' sexual behaviour. This is especially relevant for Zambia, where AIDS becomes more visible to the general population as the epidemic matures and HIV-associated mortality rises.

This chapter presents results from questions asked of respondents about their own sexual behaviour, including information about the last three marital and/or non-marital partnerships. Information on non-marital, non-cohabiting partnerships, is of crucial importance in understanding the dynamics of the epidemic. The chapter also provides some insight into sexual mixing patterns in Zambia during 2000. Individual sexual behaviour indicators from the 2000 ZSBS are compared with results from the 1998 ZSBS to ascertain trends.

3.1 Age at first sex

In cross-sectional surveys there are different ways to measure age at first sex. Based on recalled data of age at first sex (asked of all those who have had sex), the median age at first sex was 17.4 years among women aged 20-49 (Table A5.9). The 1996 ZDHS reported that the median age at first sex for women aged 20-49 was 16.4 years, which was about 2 years earlier than the median age at first marriage (CSO and Macro International Inc., 1997).

Among men aged 20-49 the median age at first sex for the 2000 ZSBS was almost the same as for women (17.9 years). This compared with 16.7 for the men aged 25-59 during the ZDHS 1996 (CSO and Macro International Inc., 1997). Limitations to this method include the inability to record recent changes in age at first sex. In Chapter 5 on young people, current sexual activity status data are used to obtain a more recent estimate of age at first sex.

In any case, the data suggest that sexual debut in Zambia is early. This may be a risk factor to HIV infections as early timing of first sex, often before marriage, increases the chances of having many sexual partners during a lifetime. The risk of infection may be higher considering that condom use is yet to be the norm. According to the 1996 ZDHS, for instance, only 3.5% of all women or currently married women were using a condom. The percentage was estimated at 12% for sexually active unmarried women. Among men, 12.4% of all men, 7.7% of married men and 35.9% of sexually active unmarried men were using condoms. The average figure of condom use among men suggests that more that 85% of men do not use condoms. This situation is serious considering that there is a lot of sexual mixing among partners. A number of factors contribute to the low use of condoms, including stigma against their use that comes from an association with promiscuous behaviour, and various pronouncements that favour sexual abstinence and keeping condoms inaccessible, especially in the rural areas.

Table 3.1
Percent Distribution of Marital Status by Gender and Residence, 2000 ZSBS

	Men			Women		
Marital status	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Total**
N	562	959	1,521	718	1,067	1,785
Missing	0	4	4	3	3	6
Single, Never Married	40.6	28.8	33.2	35.1	19.6	25.8
Married Monogamous	48.7	56.6	53.7	46.4	56.3	52.3
Cohabiting	0.2	0.4	0.3	1.0	0.9	1.0
Polygamous Marriage	4.1	9.5	7.5	4.3	12.7	9.3
Formerly Married	6.4	4.7	5.3	13.2	10.5	11.6

3.2 Sexual behaviour within marriage

3.2.1 Marriage

When the 2000 ZSBS was conducted, a large proportion of men aged 15-59 and women aged 15-49 were neither in a married nor a cohabiting union (Table 3.1). Among men, 33% had never married, and 5% were divorced or widowed. Among women, 26% had not been married, and 12% were divorced or widowed. Not more than 1% of respondents were cohabiting but not married. These percentages are comparable to those reported in the ZSBS 1998. The number of single, never married people was considerably higher in urban areas (men=41%, women=35%) than in rural areas (men=29%, women=20%).

Eight percent of all men and 9% of all women were in a polygamous marriage. In 1998, the ZSBS reported that 5% of all men and 9% of all women were in a polygynous union.

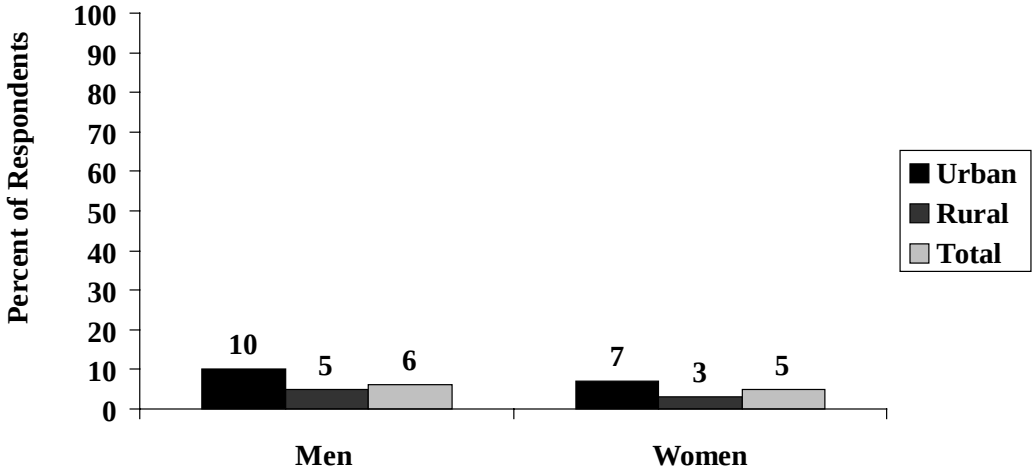
3.2.2 Marital sexual behaviour

Each respondent in union was asked the last time he/she had sexual intercourse with his/her spouse(s) or cohabiting partner (Table A.3.1.) Seventeen percent of men reported having sexual intercourse with their spouse(s) the night before the interview and 88% in the last month. Almost 13% of women reported having sex the night before and 84% the month before the interview. Overall, the differences by residence are slight. However, a much higher percentage of rural male respondents, 20%, reported having sexual intercourse the night before the survey than urban male respondents at 10%.

Very few respondents in union (6% of men and 5% of women) reported condom use during the last sexual act with their spouse(s) or cohabiting partner (Figure 3.1). Reported condom use during the last sexual act with a spouse or cohabiting partner was virtually not different from what was reported in the 1998 ZSBS when 6% of men and 4% of women reported using a condom during the last intercourse (Figure 3.2).

The proportion of respondents who used a condom during the last intercourse with a spouse or cohabiting partner was slightly higher for urban men (10%) than for other respondents (Table A.3.2). In recent marriages (less than three years), 10% of men and 7% of women said they used a condom during the last sexual act compared to 6% of men and 4% of women of duration greater than three years. In addition, men with an extra-marital partner during the last 12 months reported condom use with their spouse more frequently (11%) than other men (6%). Among the fifteen women who reported an extra-marital partner, none of them reported using a condom with a marital or cohabiting partner. This may facilitate HIV infections among partners. Condom use with a spouse was also not higher among respondents who had reported an STI in the last year. Unfortunately, a question about the main reason for condom use within marriage was not asked. Other researches have, however, indicated that condoms are used for

Figure 3.1
Condom use during last sexual intercourse with regular partner, 2000 ZSBS



prevention of pregnancy (CSO and Macro International Inc., 1997; Ministry of Health and Central Board of Health, 1999).

3.3 Multiple partnerships

Because of the link between HIV infection and multiple partners, respondents were asked for information and characteristics of their three most recent sexual partnerships. Results concerning non-marital/non-cohabiting partners are presented by residence and gender of the respondent.

3.3.1 Non-cohabiting partners

Non-regular partnerships in the past 12 months are common among sexually active respondents in Zambia, as shown in Table 3.2. Among all men aged 15-59, 22% reported at least one non-regular partner; 11% of all women aged 15-49 reported the same. The figures were higher for sexually active respondents, with 29% of men and 16% of women reporting at least one non-regular partner in the last year. Urban women (20%) reported having a non-regular partner more than rural women (13%.) Among all respondents whether sexually active or not, 22% of men and 11% of women reported having a non-regular partnership in the last 12 months. There was little change for women who had sex with a non-regular partner during the past year between 1998 and 2000 (Figure 3.3.) However, 39% of sexually active men had a non-marital partner in 1998, while in 2000, only 29% of men reported sex with a non-regular partner.

Table A.3.3 shows a breakdown of the number of partners reported by men and women in 1998 and in 2000, by marital status. There was an increase from 1998 to 2000 in the number of married and unmarried men who reported having no non-regular partner. Among unmarried women, a notable increase in the number reporting no non-regular partner was also seen, but among married women, there was little change. Figure 3.4 depicts the number of non-regular partners reported by married men and women in both the 1998 and 2000 surveys. In 2000, married men reported fewer partners overall, and the proportions of men reporting multiple extra-marital partners decreased markedly. Among women, there was a very modest decrease between 1998 and 2000.

Figure 3.2
Condom use during last sexual intercourse with regular partner, 1998 and 2000 ZSBS

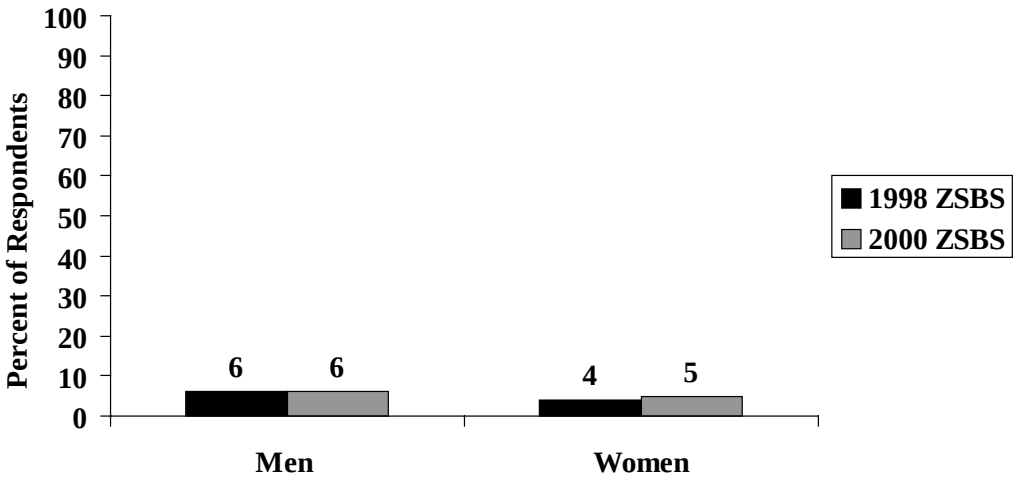


Figure 3.3
Percent of respondents who had sex with with a non-regular partner in the last year, 2000 ZSBS

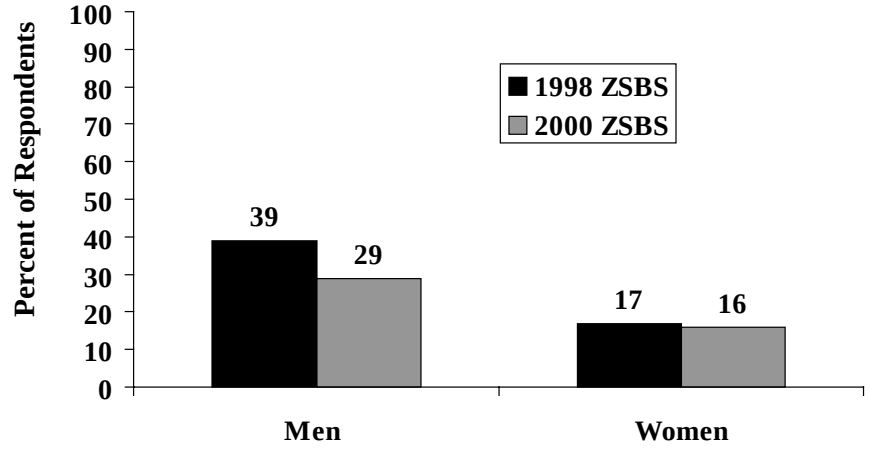


Figure 3.4
Number of extra-marital partners, 1998 and 2000 ZSBS

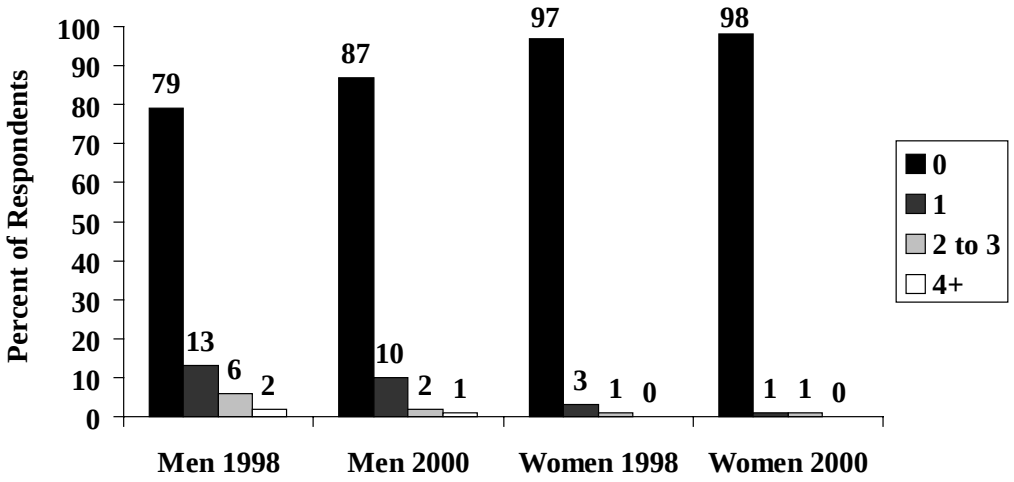


Table 3.2
Percent Respondents with Non-Regular Partner in the Last 12 Months
Among all respondents and among respondents who were sexually active in the last 12 months by gender and residence, 2000 ZSBS

	Entire Sample		Sexually Active Respondents	
	n	Percent with non-regular partner	n	Percent with non-regular partner
Men				
Urban	562	20.5	384	30.0
Rural	963	22.9	774	28.4
Total	1525	21.8	1158	28.9
Women				
Urban	721	12.8	465	19.8
Rural	1,070	10.4	834	13.3
Total	1,791	11.3	1299	15.6

Figure 3.5
Number of partners among unmarried men and women, 1998 and 2000 ZSBS

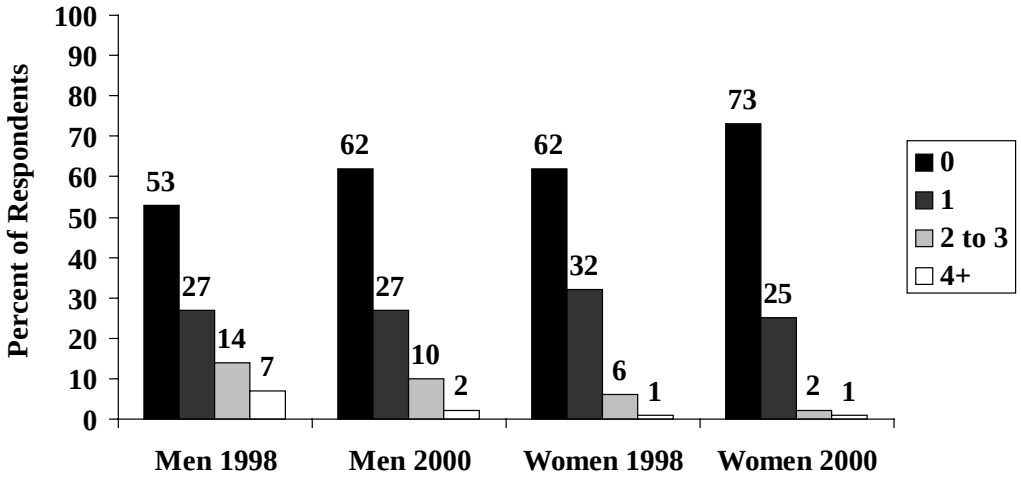
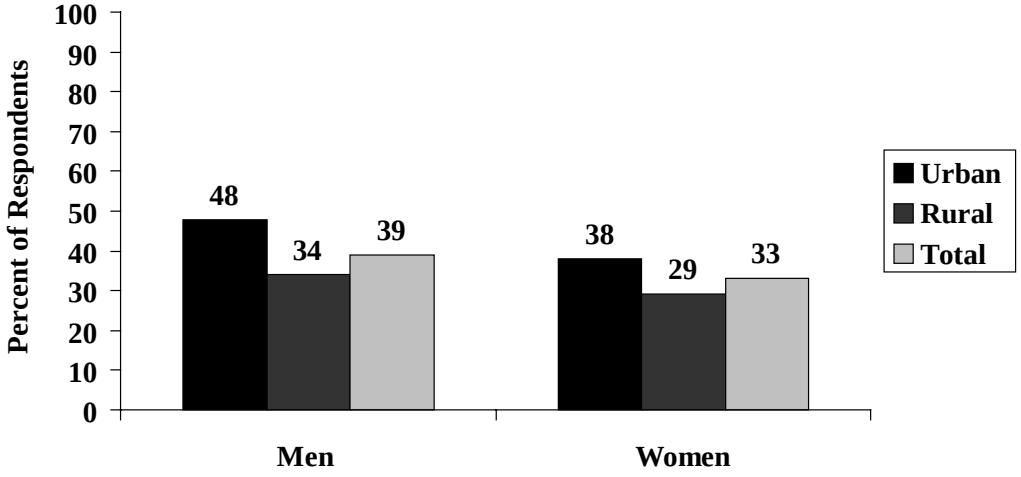


Figure 3.6
Percent of respondents who used a condom during the last sexual Act with non-regular partner by residence, 2000 ZSBS



3.3.2 Condom use with non-cohabiting partners

Table A.3.4 and Figure 3.6 show the proportions of individuals who used a condom during the last sexual act, among all those reporting at least one non-regular partner. Thirty-nine percent of men and 33% of women with non-regular partners used a condom at the last sexual act. Urban men and women were more likely to use a condom. While there was no difference in condom use among men who had an STI in the past year, women reporting an STI in the last year were far less likely (17%) to use a condom than were those who did not report an infection (34%), which is cause for some concern. When such women infect their partners, there are great dangers that the infected men will further transmit the virus to other partners since men have more non-regular partners than women. Finally, among married men and women, those with a shorter duration of marriage (3 years or less) were more likely to use condoms with non-regular partners than those who had been married longer. These differences were fairly large, with 29% of recently married women using a condom at the last act with a non-regular partner compared with 8% who had been married longer. The figures for men were 56% and 32%, respectively. The people who had been married longer may have developed long-lasting relationships with these non-regular partners, therefore they may feel more comfortable abandoning the use of condoms due to the trust between them. Such practices are risky factors as the non-regular partners may have other sexual relationships.

3.3.2 Characteristics of non-marital and non-cohabiting partners

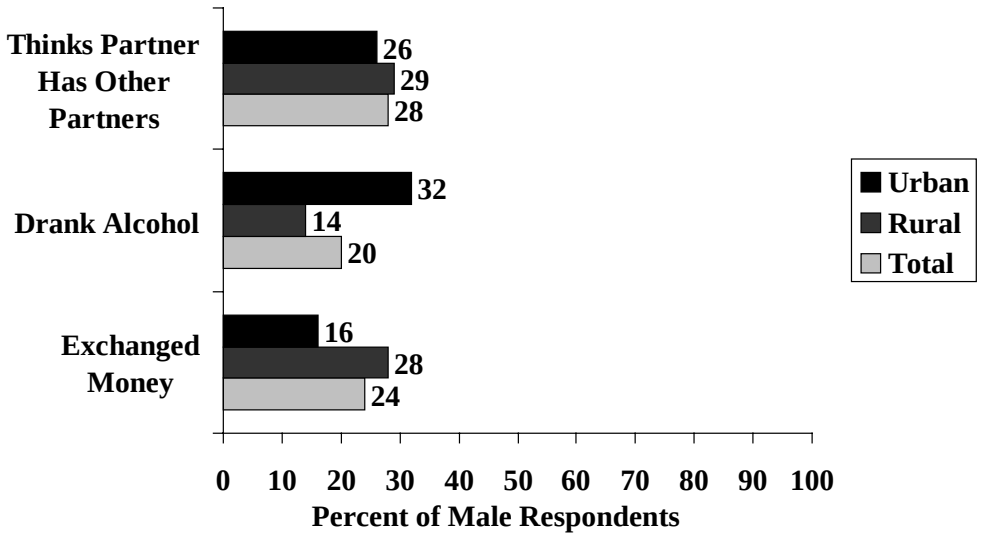
Respondents were asked about characteristics of sexual partners and sexual behaviour. These data were collected for the three most recent marital and non-marital, non-cohabiting (non-regular) partnerships. Overall, 659 non-marital/non-cohabiting sexual relationships were reported, including 437 reported by 335 men and 222 reported by 203 women.

Data were collected for the three most recent non-marital/non-cohabiting partnership occurring in the last 12 months. Respondents were asked questions about partner characteristics, including age and residence of the partner. Overall, men were a median of 4.8 years older than women in all non-marital/non-cohabiting partnerships. The median age difference between married men and their extra-marital partners was 5.6 years. For one-fifth (19%) of married men, their non-marital partner was at least ten years younger. This suggests that many young girls are having relationships with men much older than themselves due to poor economic conditions in the country. Such young girls are most likely to infect many other partners during their sexual lives.

More than half of the partners (59%) were living in the same area. More women (63%) had partners living in the same area than men (50%). Urban partnerships were less likely to be living in the same place (52%) than those in rural areas (62%).

Sexual acts conducted under the influence of alcohol may facilitate infections as proper care towards taking preventive measures such as correct and consistent use of condoms are not as likely. Respondents were asked whether they themselves or their partners took alcohol before any sexual acts. Figures 3.7 and 3.8 and Table A.3.5 present results on alcohol use and payment during the last sexual act with a non-regular partner, and whether or not individuals thought their partners had other partners besides themselves. Alcohol use at last sex was reported in about a quarter of female partners (23%). Among urban women, alcohol use was reported in 35% of partnerships, whereas in rural areas the number was much smaller (14%). A quarter of the women reported receiving payment, with large differences between urban (19%) and rural (32%) respondents. In almost half of the partnerships reported by women, it was thought that male partners had additional partners; there was variation between urban (47%) and rural (36%). Men in 20% of partnerships reported alcohol use, and 32% of those in urban areas and 14% in rural areas reported alcohol use. Men in 24% of partnerships with 28% of those in rural areas and only 16% in urban areas reported payment. In less than a third of male partnerships (28%) did

Figure 3.7
Characteristics of male respondents' last sexual act with a non-regular partner by residence, 2000 ZSBS



men feel that their female partners had additional partners, and there was little difference based on residence. The aspect of sexual encounters involving payment for sexual favours signals commercialisation of sex in a country where prostitution and sex houses are illegal. Such developments might be attributed to increasing poverty levels in the country. If unchecked, this situation is most likely to increase HIV/AIDS infections. The other concern is that a number of non-regular partners are conducting sexual activities even when they feel that the partners have other sexual relationships. The increasing multiple partnerships are most likely to increase STIs, especially in the light of inconsistent use of condoms.

3.4 UNAIDS Sexual Behaviour Indicators

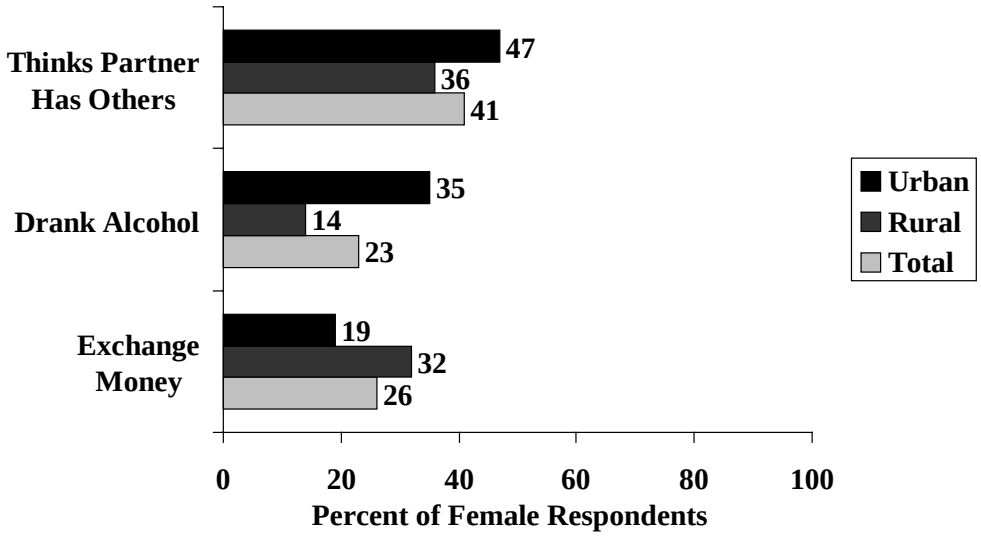
Table A.3.6 shows three UNAIDS indicators of sexual behaviour that were calculated from the survey data. These are Sexual Negotiation Indicator 1, women's ability to negotiate safer sex with their husbands; Sexual Behaviour Indicator 1, higher risk sex in the last year; and Sexual Behaviour Indicator 2, condom use at the last higher risk sexual act.

Sexual Negotiation Indicator 1 is the percent of all respondents who have heard of STIs who believe that if a woman's husband has an STI, she can *either* refuse to have sex with him *or* ask him to use a condom. The data suggest that women in Zambia do not have very much power in sexual negotiation with their husbands. Less than half of men (49%) and women (45%) scored on this indicator. Attitudes were much more liberal among both urban women (55%) and men (58%) than in rural areas (women=37%, men=43%).

Sexual Behaviour Indicator 1 is the percent of sexually active respondents (having sex within the last 12 months) who had sex with a non-marital, non-cohabiting partner in the last 12 months. As commonly observed, many more men (29%) than women (16%) in Zambia reported sex with a non-regular partner in the last year. There was little difference between urban and rural men, but urban women (20%) were more likely than rural women (13%) to report such activity.

Sexual Behaviour Indicator 2 is the percent of individuals who reported condom use at the last sexual act with the non-regular partner, among those who reported sex with a non-regular partner during the past year. Over a third of men (39%) and a third of women (33%) reported condom use at the last sexual act with a non-regular partner. People in urban areas (men=48%, women=38%) were more likely to report condom use than those in rural areas (men=34%, women=29%). This may be due to higher availability and awareness. While condom use in these relationships is much higher than for other relationships, the proportion of men and women with non-regular partners who use condoms is low, considering the risk of HIV infection in a country with such a high prevalence.

Figure 3.8
Characteristics of female respondents' last sexual act with a non-regular partner by residence, 2000 ZSBS



4. Sexually Transmitted Infections

Medical studies have proved that sexually transmitted infections (STIs) significantly increase the chance of HIV transmission per act of unprotected sex between an infected and an uninfected partner. For this reason HIV/AIDS control measures in Zambia have been directed at informing the public that STI are avoidable with practice of responsible sexual behaviour and treatable once infected. This chapter describes the results on sexually transmitted infections (STI) other than HIV/ AIDS from the household survey.

4.1 Knowledge of STI symptoms

In the household survey, three questions were asked to assess knowledge of STI other than HIV/AIDS. Respondents were asked whether they had ever heard of diseases transmitted through sexual intercourse. Those who had heard of STI were asked to describe symptoms of STI in women and men. Correct STI symptoms for men and women were considered to be: abdominal pain, blood in urine, burning pain with urination, discharge from the vagina or penis, failure to pass urine, genital ulcers or open sores, inability to conceive, itching in the genital area, loss of weight, pelvic pain during intercourse, and swellings in the genital area.

Most respondents had heard of STI (84% of men and 80% of women) (Figures 4.1 and 4.2 and Table A.4.1). Urban women and men were slightly more knowledgeable about STI than their rural counterparts. For STI symptoms in men, 68% of men and 58% of women could recall at least one (correct) symptom (Figure 4.1). When asked about STI symptoms in women, 60% of men and 62% of women could list at least one correct symptom (Figure 4.2). The results indicate that there has been a reduction in the proportion who had heard about STI since the 1998 ZSBS. In the 1998 ZSBS, the proportion of women who had heard about STI was still lower than that of men, but 90% of men and 89% of women had heard about STI.

The two most commonly recalled symptoms were genital ulcers and genital discharge (Table A.4.2). Overall, 34% of men said genital discharge was a symptom of STIs in men, while 27% of women said so. Only 23% of men and 27% of women said genital discharge was a symptom of STIs in women. Genital ulcers were more frequently listed as a symptom of STIs. For example, 45% of men and 40% of women said ulcers were a symptom of STI in men. Weight loss, a symptom that is generally not considered part of an STI (excluding HIV), was mentioned by about 10% of respondents. Of most concern is the high proportion of men and women who did not know the symptoms of STIs in either men or women. More than 11% of men and women did not know the symptoms for STI for either men or women

In the 1998 ZSBS, similar results on symptoms of STIs were found with the most common symptoms being genital ulcer (51% of men and 48% of women mentioned it as a symptom in men; and 38% of men and 53% of women said it was a symptom in women) and genital discharge (46% of men and 36% of women mentioned it as a symptom in men; and 32% of men and 37% of women said it was a symptom in women).

4.2 STI occurrence

Respondents who had heard of STI and have ever had sexual intercourse were directly asked about genital ulcers or discharge in the last 12 months. Five percent of men and 1% of women reported they had had a genital ulcer or a genital discharge (Figure 4.3 and Table A.4.3). There were only minor differences between urban and rural areas. Respondents who had not heard of STI were not questioned about genital ulcers or discharge.

A comparison with the results from the 1998 survey shows that there has been a decline in the percentage of men and women reporting to have had a genital ulcer or genital discharge. In the 1998 ZSBS, 5% of men and 3% of women had a genital ulcer or genital discharge (Figure 4.4).

There were also minor differences in reporting of STI between respondents in urban and rural areas.

4.3 Treatment seeking behaviour

Treatment of sexually transmitted infections is one of the ways of lessening the easy transmission of HIV/AIDS. It is therefore imperative that individuals with an STI seek proper treatment from well trained and qualified medical and traditional practitioners.

Respondents who reported either a genital ulcer or discharge in the last 12 months were asked five questions about their treatment seeking and sexual behaviour in association with the STI. Of the 90 respondents reporting an STI complaint during the last year, 81 answered the questions on treatment-seeking behaviour.

Among men reporting an STI, 78% visited a health facility, 28% went to a traditional healer, 32% bought drugs themselves, and 19% visited a private physician (Table 4.1). Although having an STI may be considered embarrassing or shameful, results show that 43% of male respondents asked friends or relatives for advice. For women reporting an STI, 89% visited a health facility, 5% saw a traditional healer, 21% bought drugs themselves and 16% visited a private physician. Forty-seven percent of the female respondents reporting an STI sought advice from friends or relatives.

4.4 Behaviour exhibited during sexually transmitted infections

Communication between sexual partners is important with regard to sexually transmitted infections in order to prevent infection and reinfection between partners.

Respondents who reported having had an STI symptom in the last 12 months preceding the survey were asked whether they informed their sexual partners about the symptoms, stopped having sex when they had the symptoms, or used a condom when having sex when they had the symptoms (Figure 4.5 and Table 4.2).

More women (91%) than men (60%) informed their sexual partner(s) about the STI symptoms they had. About three-quarters (77%) of women and 70% of the men stopped having sex when they had STI symptoms. Twenty-four percent of the men and 23% of the women used condoms when having sex while STI symptoms were present.

The 2000 ZSBS results indicate that the behaviour of women and men with STIs has deteriorated since the 1998 ZSBS. Whereas there has been an increase in the proportion of women with an STI in the last twelve months before the survey who informed their partners about the STI, the proportion of men who did the same declined from 70% in the 1998 ZSBS to 60% in the 2000 ZSBS. The proportion of women and men who abstained from sex when infected with an STI declined from 80% in the 1998 ZSBS to 77% in the 2000 ZSBS. Among men, the proportion that abstained declined by 14% from 84% in 1998 ZSBS to 70% in 2000 ZSBS. The proportion who used a condom during sexual acts when infected by an STI declined by almost half, from 36% to 23% for women and from 46% to 24% for men.

Figure 4.1
Percent of respondents who know about symptoms and signs of STI in men, 2000 ZSBS

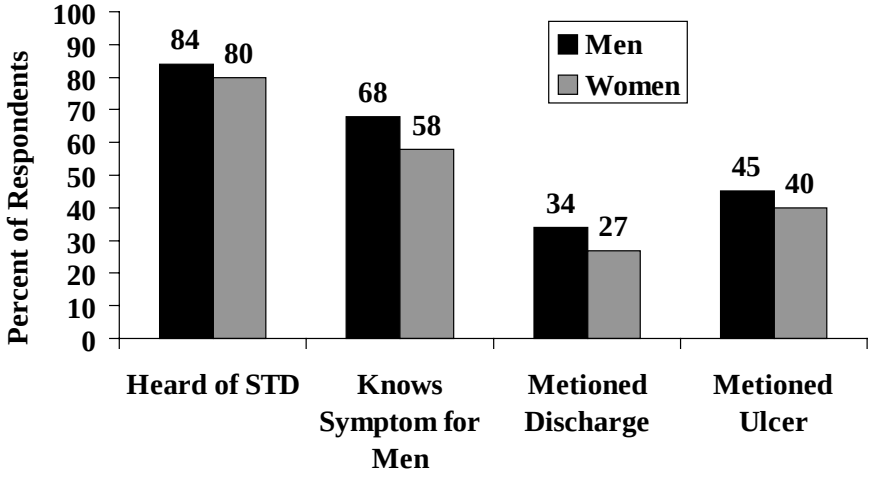


Figure 4.2
Percent of respondents who know about symptoms and signs of STI in women, 2000 ZSBS

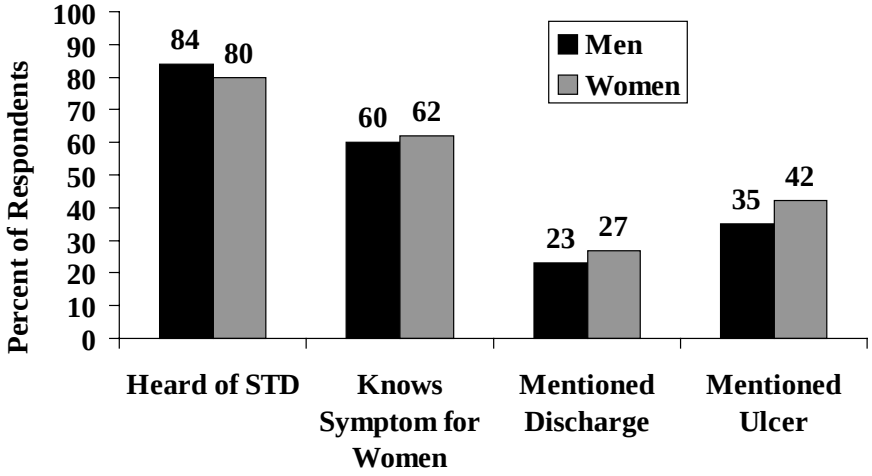


Figure 4.3
Percent of respondents who report to have had a STI in the last year, 2000 ZSBS

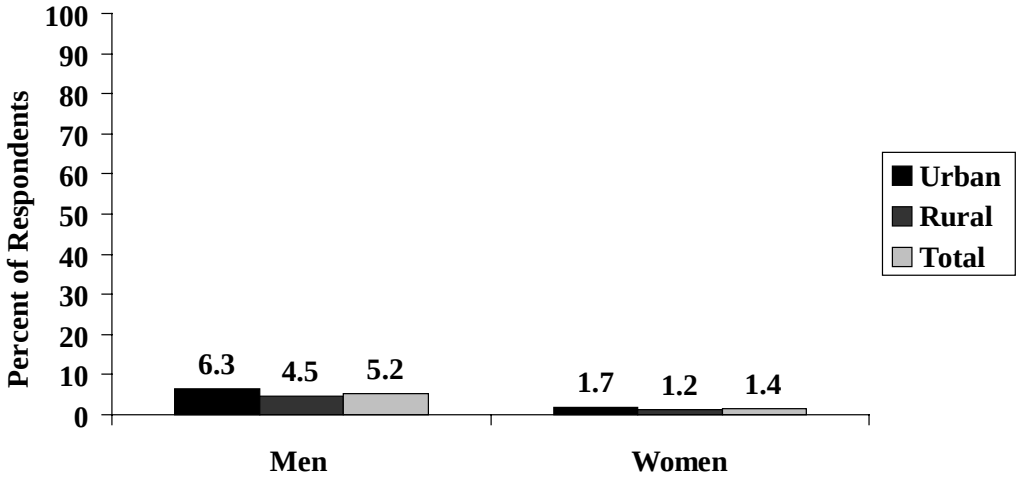


Table 4.1
Treatment seeking behaviour among men and women with an STI in the last year, 2000 ZSBS

	Men		Women	
	N	Percent	n	Percent
Visited Health Facility	60	78.3	19	89.5
Visited Traditional Healer	60	28.3	19	5.3
Bought Drugs in Shop	60	31.7	19	21.1
Asked Friends/ Relatives for Advice	60	43.3	19	47.4
Visited Private Doctor	60*	18.6	19	15.8

*One case missing

Table 4.2
Treatment seeking behaviour among men and women with an STI in the last year, 2000 ZSBS

	Men		Women	
	N	Percent	n	Percent
Informed Sexual Partner About Symptoms	68*	59.7	22	90.9
Stopped Having Sex	68*	70.1	22	77.3
Used Condoms When Having Sex	68	23.5	22	22.7
Took Medicine	68	73.5	22	86.4

*****One case missing

Figure 4.4
Percent of men and women reporting to have had a genital ulcer or discharge in 1998 and 2000 ZSBS

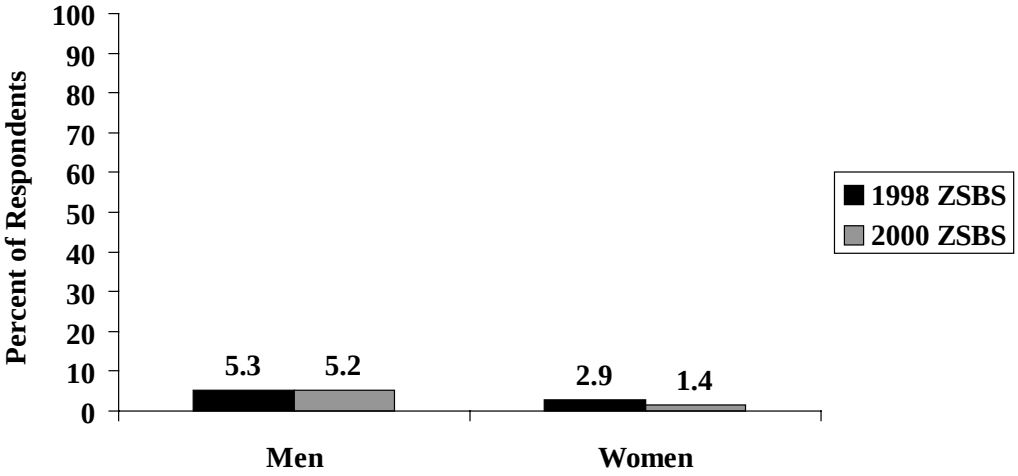


Figure 4.5
Behaviour of men and women with STI in the last 12 months, 2000 ZSBS

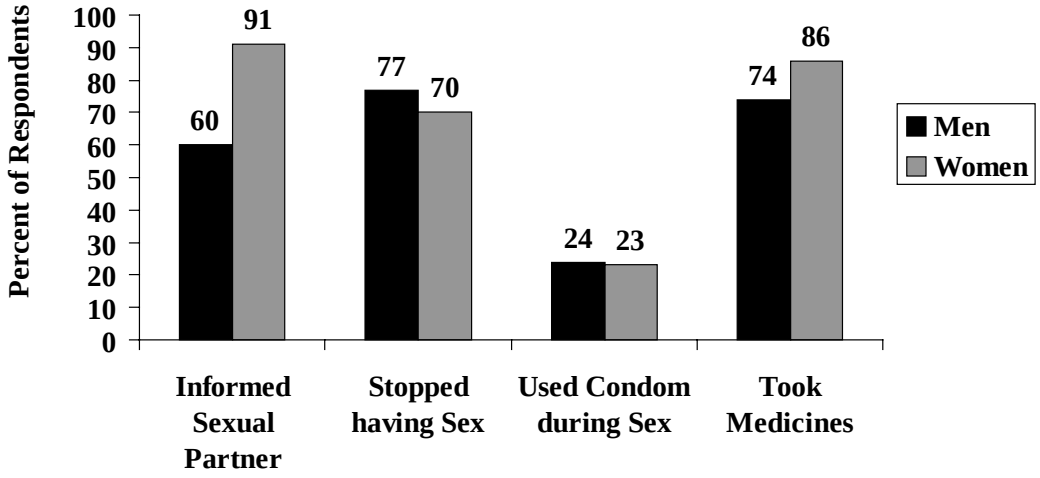
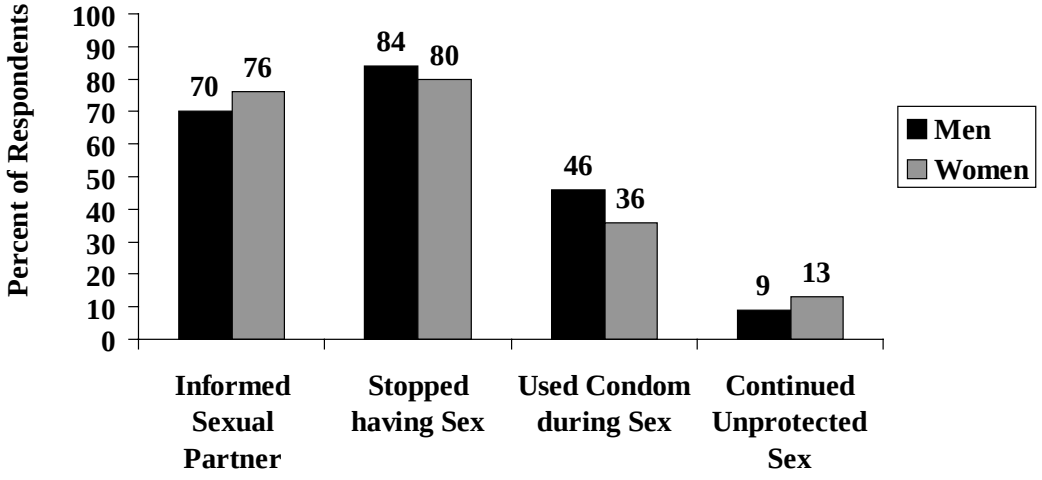


Figure 4.6
Behaviour of men and women with STI in the last 12 months, 1998 ZSBS



5. Adolescents

Adolescence has been broadly defined as the human development stage between childhood and adulthood. This is a crucial stage in life when they undergo bodily changes, self discovery, and social identity among others. HIV prevention efforts are thus likely to have a large effect on the spread of HIV if successful in the youngest age groups. Young people may also be more likely to change their sexual behaviour, particularly those who have not yet started to have sex. In this chapter the sample of respondents aged 15-19 are referred to as adolescents.

5.1 Knowledge

Almost all adolescents had heard of AIDS (Table A.5.1), but a large proportion of young people did not think a person could do anything to avoid AIDS. Over one-fourth of young men (30%) and 32% of young women aged 15-19 thought that HIV could not be avoided (Figures 5.1 and 5.2). In addition, 79% of men and 75% of women aged 15-19 thought that a healthy person could be infected with HIV (Figure 5.1 and 5.2). For all three indicators, levels of knowledge were lower among respondents 15-19 years than among those aged 20-24 and 25-49 years.

Figure 5.3 depicts adolescent knowledge about two specific ways to avoid HIV: consistently using condoms, and having one faithful partner. Knowledge is higher among male than female adolescents. Among men aged 15-19, 64% cited consistent condom use and 75% knew that sticking to one faithful partner were ways to avoid HIV. Among women of the same age, the figures were 57% and 73%, respectively. Table A.5.2 compares adolescent knowledge about these ways to avoid HIV infection with people aged 20 years and up. Adolescents were less likely to know about mother-to-child transmission and having one faithful partner than were adults, and they were less likely to use condoms. Adults aged 20-24 were more likely than others to cite consistent condom use.

With regard to misconceptions, 30% of men and 24% of women aged 15-19 said that HIV could be transmitted by mosquitoes (Table A.5.3). Also, 14% of adolescent men and 22% of adolescent women thought it could be transmitted by witchcraft. These proportions are slightly lower than for older respondents. About 14% of the respondents thought that HIV could be transmitted by sharing a meal with an infected person (13% of men and 15% of women 15-19).

5.2 Attitudes

The ability of women to make decision about engaging in sexual activity has important implications for HIV and whether women can protect themselves from disease transmission. In general, answers from adolescent respondents indicate that young women are less likely to think that women can negotiate sexual behaviour than older women. For instance, 42% of adolescent men and women thought a woman could negotiate sexual behaviour if her husband had an STI (Figure 5.4), compared to 53% of respondents of both sexes aged 25-49 years (Table A.5.4).

5.3 Stigma

Questions were asked to uncover areas in which stigma exists toward HIV testing or people living with HIV/AIDS. The proportion of respondents who know their HIV status is a reflection of access to testing sites, knowledge about a need for HIV testing, attitude to HIV/AIDS and level of stigma associated with HIV/AIDS. Table A.5.5 shows that only 59% of adolescent men and women know of a place where an HIV test is available. Only 5% of adolescent men and 7% of adolescent women had actually had an HIV test. Of these, not all received test results. Of those tested 83% of adolescent men and women knew their serological status (Figure 5.5 and Table A.5.5). The proportion of adolescents who have ever been tested for HIV is lower than among the older age groups.

Figure 5.1
Percent of male respondents with knowledge about HIV transmission, 2000 ZSBS

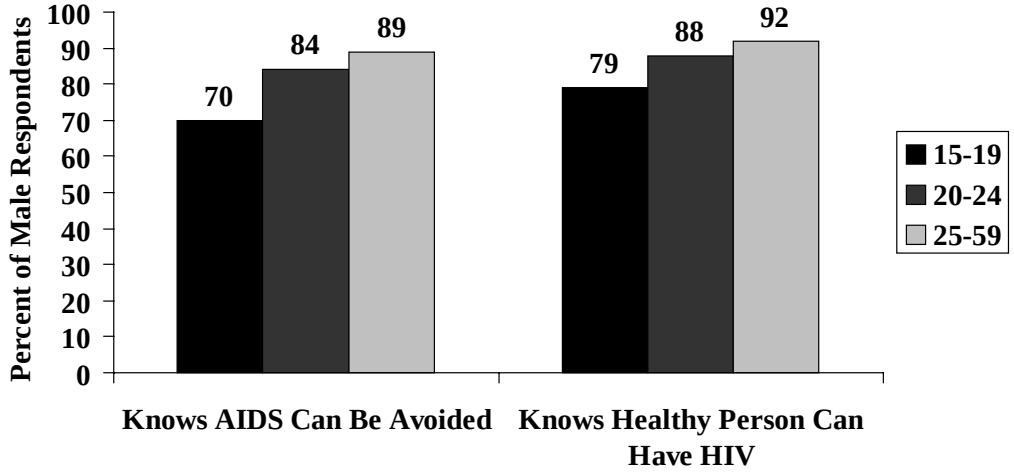


Figure 5.2
Percent of female respondents with knowledge about HIV transmission, 2000 ZSBS

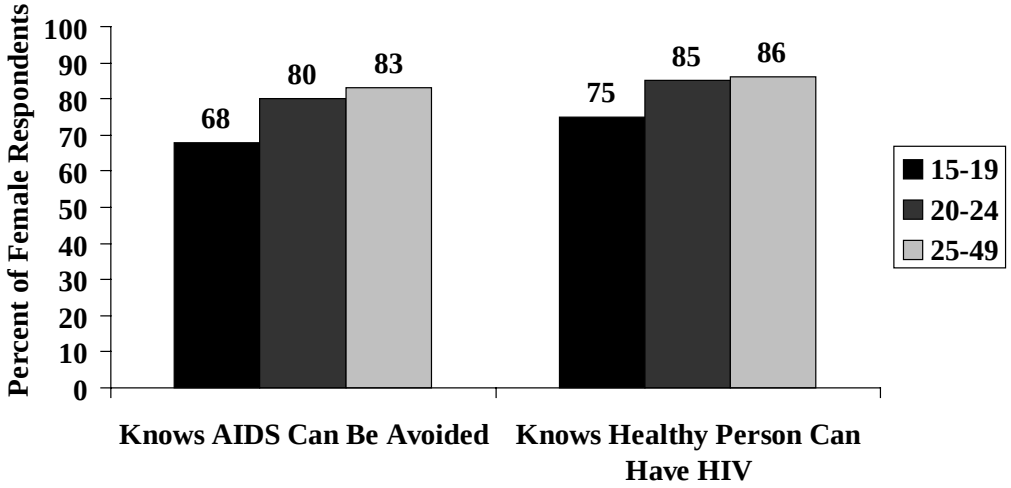


Figure 5.3
Percent of respondents 15-19 who know how to avoid HIV when prompted, 2000 ZSBS

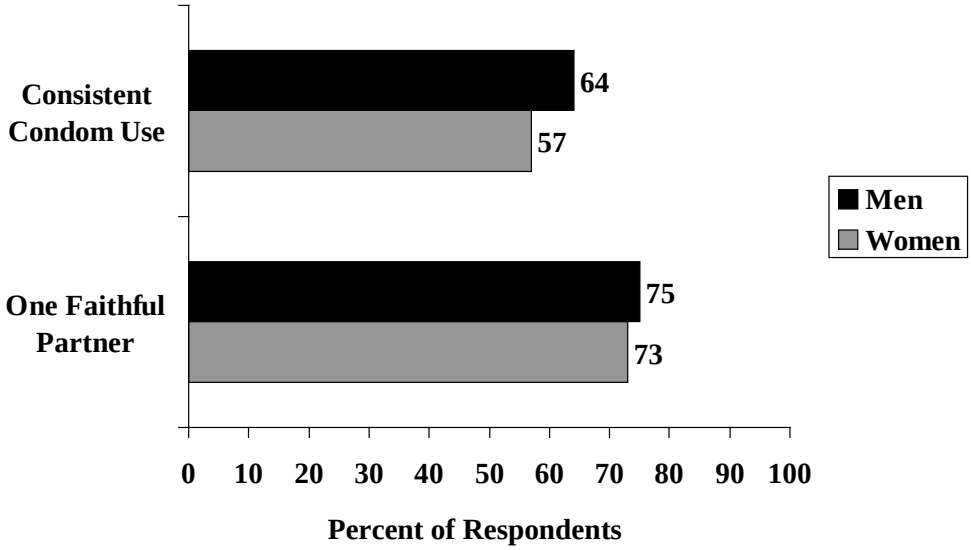
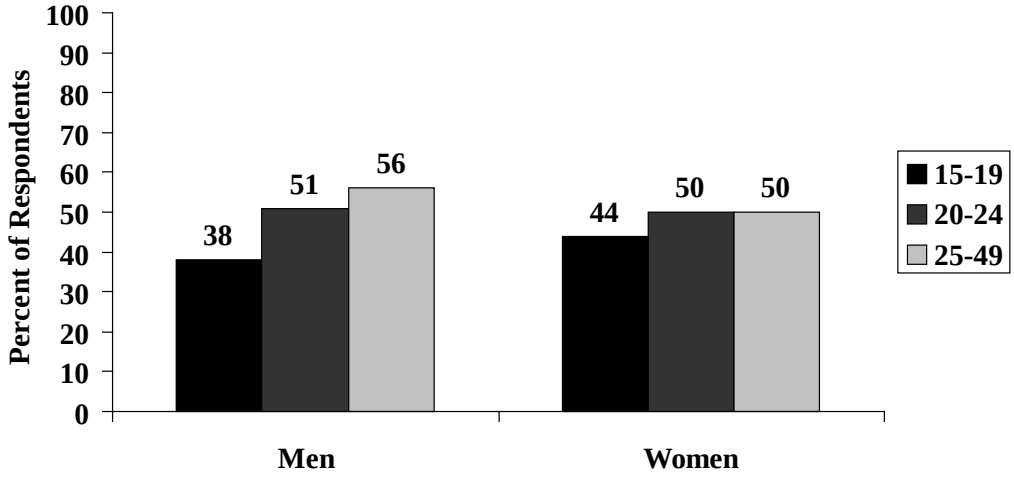


Figure 5.4
Percent of respondents who think a woman can protect herself if her husband has an STI by age and gender, 2000 ZSBS



Willingness to care for a family member and attitudes toward HIV-positive people working with others openly reflects both knowledge about methods of infection and stigma or discrimination toward people living with AIDS. More than 80% of adolescents would be willing to care for a family member with HIV or AIDS (81% of men and 84% of women) (Figure 5.6 and Table A.5.6). These proportions are, however, lower than for those among older respondents.

Table A.5.7 further explores attitudes among adolescents, compared with respondents older than they, towards individuals with HIV. Among adolescent men, 36% said they were willing to buy goods from an infected shopkeeper; 39% of adolescent women agreed. This was much lower among adolescents than any other age group. Forty-nine percent of adolescent men and 54% of adolescent women thought a female teacher with HIV should continue work.

5.4 Sexual behaviour

Among respondents aged 15-19, 44% of men and 56% of women said they had sex in the last year (Figure 5.7 and Table A.5.8). Based on the proportion of adolescents who had sex in the last year (by age in single years) the median age at first sex was 18.5 years for boys and 17.6 years for girls (Table A.5.9).

Marriage under the age of 20 is not very common among men in Zambia. Only 1.6% of men 15-19 were married at the time of the survey. Almost one-fourth of adolescent women (26.8%) were currently married. Overall, 27% of all adolescent women had ever given birth. Of the 230 girls who ever had sexual intercourse, 59% were currently pregnant or had given birth. Among the 135 girls who had ever been pregnant 36% had never been married.

The vast majority of adolescent men were unmarried (98%). The majority of these unmarried male adolescents (71%) reported no sexual partners during the last year (Table A.5.8). Among adolescents with non-regular partners during the last year, 20% reported only one, while 8% reported two or more. Among married women, only 4% stated that they had at least one non-marital partner during the past year. A larger proportion of unmarried adolescent women (24%) stated that they had at least one non-regular partner, the majority of these having only one (22%).

Marital partnerships
Married adolescent women provided information on 109 marital partnerships, including thirteen partnerships in a polygynous union. Among the marital partnerships, a condom was used during the most recent act by 4.7%.

Non-regular partnerships
Data were collected for the three most recent partners occurring in the last 12 months (up to three in the past year). Adolescent men reported 115 partnerships and adolescent women reported 82.

Among those with reported ages the median age difference was 1.2 years in partnerships reported by adolescent men and 3.3 years in those reported by adolescent women. In only 3.1% of partnerships reported by women was the non-regular partner at least 10 years older. These data suggest that most non-regular partnerships among adolescents involve sexual partners of their own age group.

Among those adolescents reporting a non-regular partner in the past year, a condom was used during the most recent act among 36% of men and 41% by women (Figure 5.8 and Table A.5.11). Among women this is considerably higher than among older age groups.

5.5 Other STIs

Adolescents were less knowledgeable about other STIs than older respondents (Table A.5.12). Among adolescent men and women 71% and 68% respectively had heard of STIs, compared to more than 80% in the older age groups. Only 46% of men and 40% of women could mention at least one correct symptom of an STI in men; 41% of men and 43% of women could mention at least one correct symptom of an STI in women.

Figure 5.5
Percent of respondents 15-19 who have had an HIV test and know the results, 2000 ZSBS

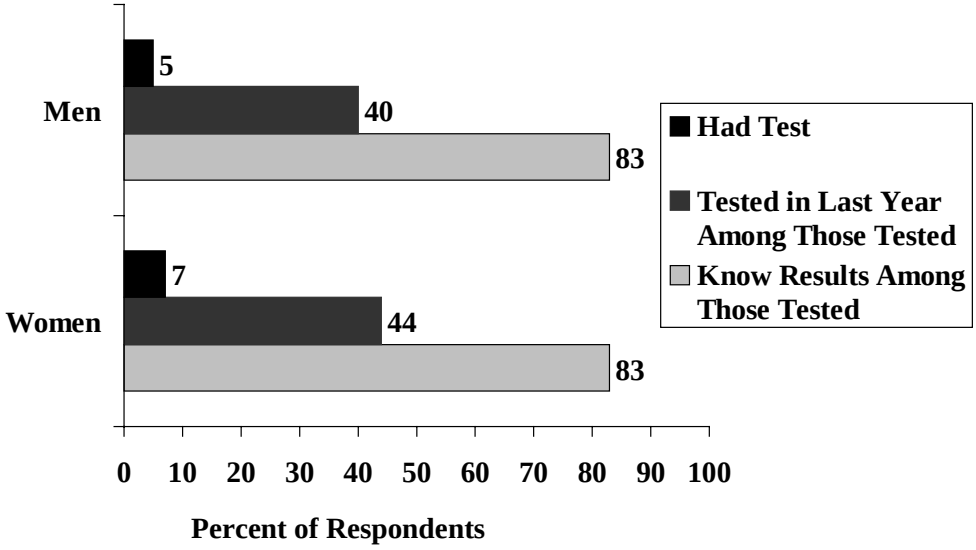
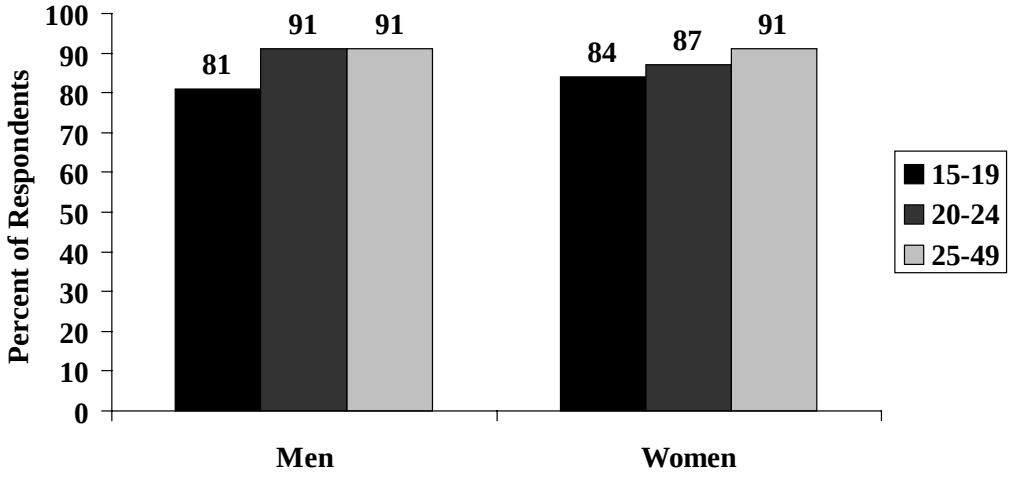


Figure 5.6
Percent of respondents willing to care for a family member with HIV/AIDS, 2000 ZSBS



Overall, 8.2% of men aged 15-19 and 1.4% of women aged 15-19 said they had a genital ulcer or genital discharge in the last 12 months. Excluding those who had not had sex in the last year, 11.2% of adolescent men and 2.2% of adolescent women had an ulcer or discharge in the last 12 months.

5.6 UNAIDS Indicators of Sexual Behaviour Among Young People

Table A.5.13 shows four of the five UNAIDS sexual behaviour indicators for young people (Young People's Sexual Behaviour Indicators 2-5). These indicators are particularly important since the behaviour of young people (conforming to UNAIDS definitions, those aged 15-24) influences the future of an HIV epidemic. As prevalence rises in a country, the chances of encountering an infected partner early in one's sexual life rises. Therefore, establishing safe sexual behaviour early on is very important. Young People's Sexual Behaviour Indicator 2 is the percent of single people aged 15-24 who have had sex in the last 12 months, of all young single people surveyed. The proportions of men (36%) and women (31%) are fairly close, with about a third of each reporting pre-marital sex during the last year. Among both young men and women, pre-marital sex was much more common in rural areas than in urban areas. This is the cause for some concern, as condom use is lower in rural areas than in urban areas among young people (as among the general population), as shown by the next indicator.

Young People's Sexual Behaviour Indicator 3 is the percent of young single people who used a condom at last sex, among all sexually active single young people surveyed. Condom use among young people is comparable to condom use in the general population with non-regular partners (UNAIDS Sexual Behaviour Indicator 2, Table A.3.6), with a little over a third of young men (38%) and young women (36%) reporting condom use at the last sexual act. As mentioned, condom use among both urban young men (49%) and urban young women (48%) is much higher than those living in rural areas (men=32%, women=28%).

Multiple partners among young people are also more common in rural areas. Young People's Sexual Behaviour Indicator 4 is the percent of young people who have had sex with more than one partner in the past 12 months among all young people surveyed. Overall, 12% of young men and 2% of young women reported having more than one partner in the last 12 months. Urban young men (15%) were much more likely to have multiple partners than rural young men (8%). The differences among urban and rural young women were not notable.

Young People's Sexual Behaviour Indicator 5 is the percent of young people who had had sex in the last 12 months and used a condom at last sex with a non-regular partner, among all young people surveyed. The proportions of young men (13%) and young women (6%) whose used a condom at last sex with a non-regular partner were very low. This suggests that while condom use in pre-marital relationships takes place in about 1 in 3 encounters, among young people in general, condom use with non-regular partners in general is low. This is likely to increase the risk of HIV/AIDS infection.

Figure 5.7
Sexual intercourse among adolescent men and women, 2000 ZSBS

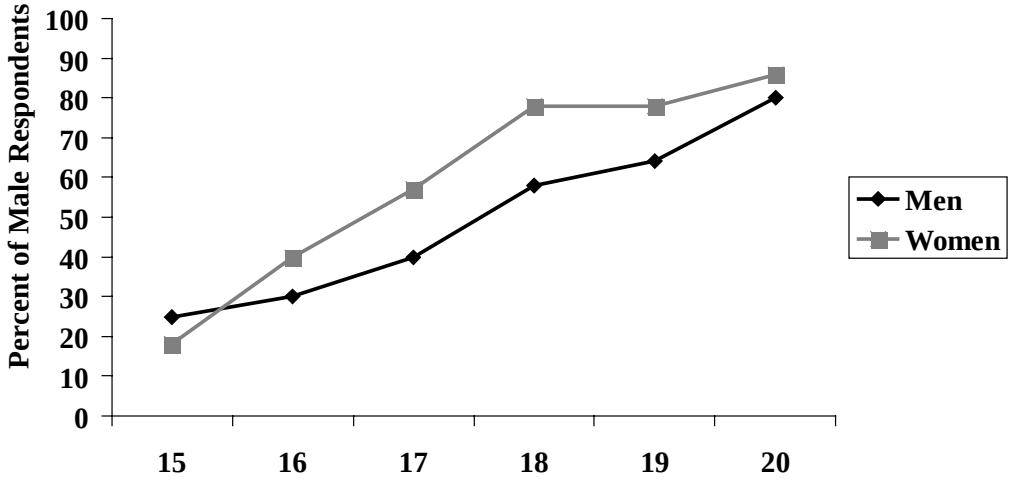
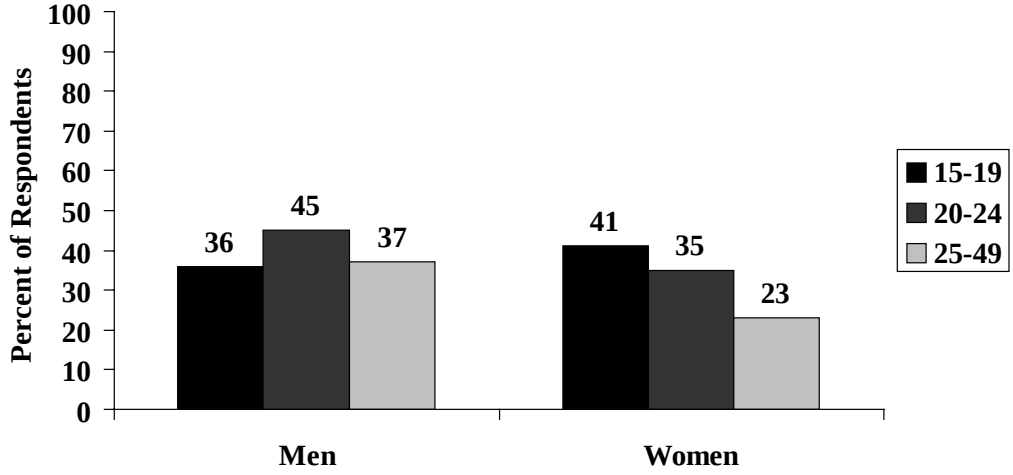


Figure 5.8
Percent of respondents who used a condom during the last sexual act with non-regular partner by age and gender, 2000 ZSBS



6. Households and AIDS

Although AIDS is primarily a health issue, HIV/AIDS prevention and AIDS-care cannot be left to the health sector alone. A multi-sectoral approach and commitment are required because HIV/AIDS management demands more resources and skills than can be provided by the health sector alone.

In mounting and implementing AIDS-care and support programmes, the providers should ensure that they satisfy the expressed need of people infected with or affected by HIV/AIDS. Such needs include access to common drug treatments for opportunistic diseases, consideration of their families by supporting children, orphans and spouses, help with food, clothing and finances, emotional, moral and spiritual support and empathy from the healthy members of the communities, pre-test and post-test counselling, and fostering a network among supporting agencies. This chapter looks at various aspects of orphanhood and care and support for households experiencing some illnesses and deaths. Chapter 7, which is an explorative research work in the appendix of this report, also discusses similar findings.

6.1 Fosterhood and Orphanhood

As the AIDS epidemic matures, more and more young adults die or become very ill. This leaves increasing numbers of children without parents. Orphaned children are those with one or both parents deceased. Children who lose one parent are considered to be single orphans while those who lose both parents, double orphans. Maternal orphans are those children who have lost the mothers and paternal orphans the fathers. Fostered children are those not living with either of their parents regardless of whether the parents are alive or dead. Orphanhood and fostering status of children under 15 years old in Zambia are shown in Figure 6.1 and Table A.6.1. Overall, 63% of children under age 15 are living with both parents, 3% of children had lost both parents. Ten percent of children live with their mother only (father still alive) and only 2% live with their father only (mother still alive); 10% of children were fostered.

Figure 6.2 presents orphanhood status by age. Results show that prevalence of fosterhood and orphanhood increases as children get older. The majority of children who have lost one or both parents are between the ages of 10 and 14 years old. Overall, 11% of children under 15 are paternal orphans, 6% are maternal orphans, and 3% have lost both parents (double orphans). Urban children were slightly more likely than rural children to be orphaned (Table A.6.1). The higher parental deaths in the urban areas might be related to the higher HIV/AIDS prevalence rates than in the rural areas (Ministry of Health and Central Board of Health, 1999). Unless corrective measures are put in place, the observed situation in the country is likely to create more child-headed households.

Figure 6.3 compares the data from the 1992 ZDHS, 1996 ZDHS and 2000 ZSBS. Results show a steady increase in the prevalence of orphanhood, from 3% in 1992 to 7% in 2000 for maternal orphans and 6% in 1992 to 11% in 2000 for paternal orphans. The prevalence of double orphans increased most, as would be expected in the case of AIDS where both parents are more likely to die than in case of other causes of death. The data suggest that double orphans tripled between 1992 and 2000.

Table A.6.2 shows the percentage of children 10 to 14 who are attending school in urban and rural areas by orphanhood status. Around three-quarters of all children 10-14 years old attended school, but urban children had considerably higher schooling rates than rural children. Only small differences between the school attendance of orphans and others were observed between rural and urban areas. In rural areas the lowest school attendance rate was observed among paternal orphans and in the urban areas among maternal orphans. The current situation suggests the critical socio-economic role performed by the men in the rural areas. Overall, the slightly higher attendance rates observed among double

Figure 6.1
Household Distribution of Children under 15 by Survival Status of Parents, 2000 ZSBS

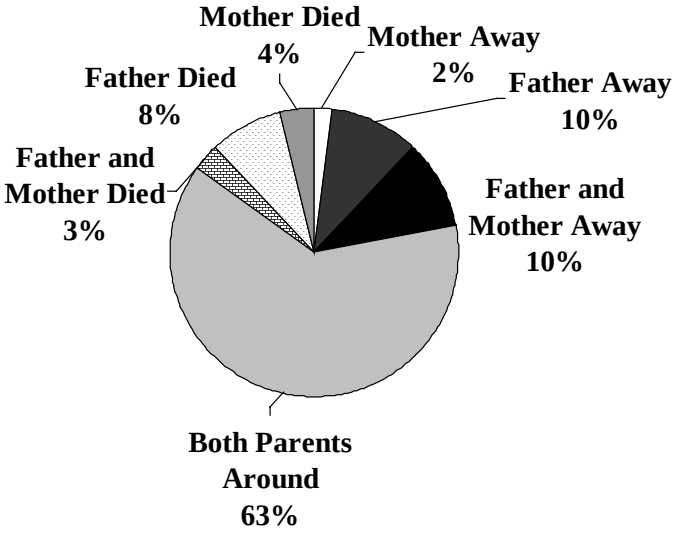
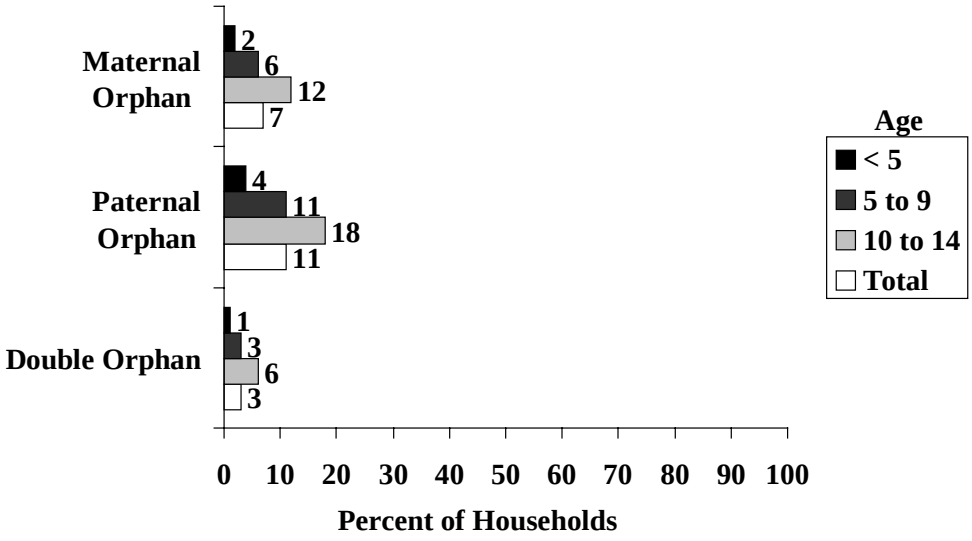


Figure 6.2
Household prevalence of orphanhood by age, 2000 ZSBS



compared to paternal orphans may mean that such children end up being adopted by family members who continue sending them to school.

6.2 Care and Support for Household Deaths and Illness

Respondents were asked if anyone who lived in the household died in the last year (Table 6.1). Of the 1,697 households, 11% reported a death in the last year with 1.2% reporting more than one death; 4.5% reported an adult death in the last year. There were more adult deaths in urban households (7.4%) than in rural households (3.4%). Ten percent of households reported a sick person among those people living in the house and 5% reported that an adult was sick for at least 3 months in the last year. There was little difference in morbidity between urban and rural households. However, urban households were about a third more likely to report adult sickness than their rural counterparts (urban=6.6%; rural=4.4%).

Respondents were asked about the potential causes of death. The causes of death most commonly reported for all persons (Table A.6.3, Figure 6.4) were tuberculosis (17%), malaria (15%), other infectious diseases (16%) or diarrhoea (13%). Figure 6.5 shows the break-down of causes reported for adult deaths. Tuberculosis was by far the main cause (32%), followed by malaria (14%), and other infectious diseases (25%). AIDS was rarely mentioned as a cause of death, even though more than half the deaths were reportedly associated with prolonged illness. It is likely that some AIDS-deaths were reported under other causes such as tuberculosis. This may especially be the case because medical practitioners often cite causes of death other than AIDS. Also, the questionnaire allowed for only a single cause to be recorded.

Households in which someone had died or a member of the household had been ill for at least three months during the last year were asked about assistance. Over one-third of such households (34%) reported receiving care or assistance (Table A.6.4). Figure 6.6 and Table A.6.4 show that over half of the households with adult illness received extra food (62%), counselling (51%), and money (51%). Less than half received free medicine (42%). Table A.6.5 shows the percentage of households that received care and support from various sources. Providers include friends and family (56%), health care workers (18%), churches (49%), and community organisations (10%). The data suggest that only about one in five of the affected households received government assistance, leaving much of the burden on the family members, friends and the church. Similar findings were reported in 1998 (Malungo, 2000b). Similar findings are also discussed in Appendix Chapter 7 of this report.

Table 6.1
Percentage of Households Deaths and Illness, 2000 ZSBS

Death or Illness	Urban (n=472)	Rural (n=1225)	Percent Households (n=1697)
Death in Household	11.2	11.4	11.3
Adult Death (15-59)	7.4	3.4	4.5
Sick at least 3 Months in Last Year	10.4	9.1	9.5
Adult Sick (15-19) 3 Months in Last Year	6.6	4.4	5.0

Figure 6.3
Household prevalence of orphanhood, 2000 ZSBS, 1992 and 1996 ZDHS

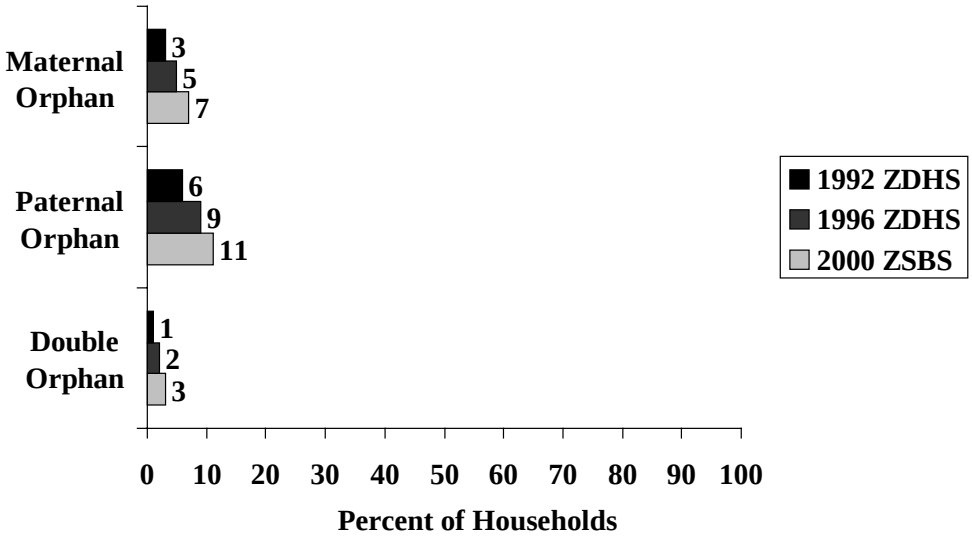


Figure 6.4
Causes of deaths in the last year given by respondents, 2000 ZSBS

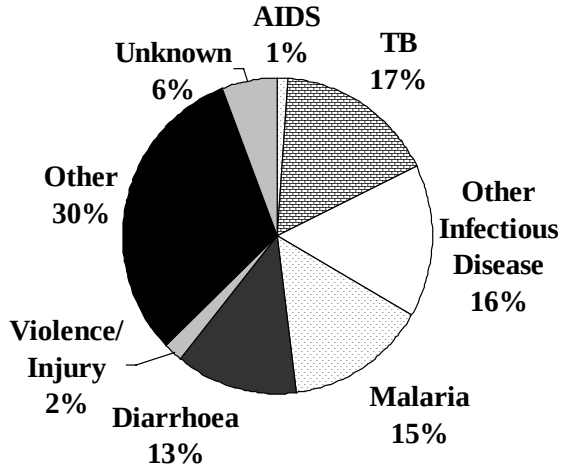


Figure 6.5
Causes of adult deaths in the last year Given by the respondent, 2000 ZSBS

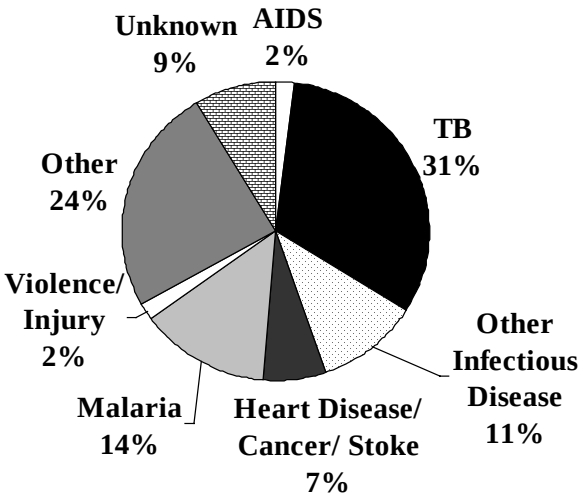
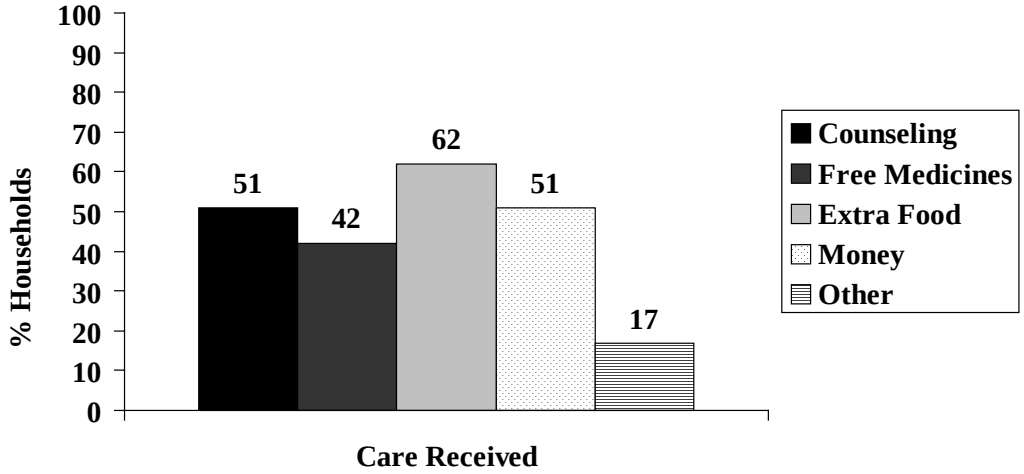


Figure 6.6
Care received during the illness or death of a household member, 2000 ZSBS



SUPPLEMENT TO THE

2000
ZAMBIA
SEXUAL BEHAVIOUR SURVEY:

EXPLORATIVE RESEARCH WORK ON COMMUNITY PERCEPTIONS ABOUT HIV/AIDS

Appendix Chapter 7: Communities and AIDS

Introduction and Background

The community schedule is the first of its kind to be tried in the world and adds a new component to the Zambia Sexual Behaviour Survey (ZSBS) during the year 2000 round. This supplemental chapter attempts to apply a new approach in obtaining community views about the pandemic. It is hoped that with improved data collection techniques and management in subsequent countries, the Cluster Mean Method used in this experiment will be able to supplement various quantitative and qualitative data sets. The community schedule was administered in the same enumeration areas (or survey 'clusters') in which the household survey was administered. Its purpose is to gather contextual and qualitative data at the community level to complement the household and individual-level data. The community survey provides information on programme exposure by asking community leaders about the types and levels of AIDS-prevention activities in place in their communities. It also gathers detailed information on the types and levels of assistance now available to people and families affected by AIDS, and leaders' perceptions of what more is needed. In the final section, community leaders are asked to name and describe the organisations and individuals that provide various forms of AIDS-related assistance in the community.

The community questionnaire was administered to 3-5 prominent individuals identified as community leaders in each survey cluster. Respondents included, in addition to important leaders/elders (such as chiefs and headmen) and government officials, others in key positions, such as representatives of women's group, youth, health workers, teachers, and religious leaders. Since most clusters are represented by more than one informant (with a range from 1-10), the community response is obtained from the cluster mean of all responses to each question. Communities with a cluster mean score greater than .5 are recorded as giving a 'positive' response (for example, the community has a condom distribution program), and a cluster mean score of less than .5 is recorded as a 'negative' response (for example, condoms are not available in the bars serving that community). The only exception in these data is for the variables describing reported frequency of deaths in the community during the past 12 months. Because these variables record a number, as opposed to a simple 'yes/no' response, the cluster mean score is interpreted differently. For example, a cluster where the mean number of reported AIDS-deaths is less than one is classified as having 'no deaths.' In communities where the mean number of deaths is at least one, analysis looks at the percentage of communities with at least one death, and at the categories of '5 or more,' '10 or more,' and '20 or more.'

In the 2000 ZSBS, the community schedule was administered at the same time that household and individual interviews were being conducted in a particular survey cluster. Community informants were identified and interviewed by the team supervisor. Many survey enumeration areas (clusters) are embedded in communities that are larger than the clusters themselves. Therefore, informants were asked to respond with reference to the community to which they belonged. The terms 'cluster' and 'community' are used interchangeably throughout this report.

The focus of the community schedule is on the informants' *perceptions* of the extent to which the AIDS pandemic has affected families in their community and how the community is coping, in terms of the assistance available and needed. The questionnaire also asks about AIDS-prevention activities, access to voluntary counselling and testing, and the specific organisations and individuals currently providing assistance to individuals and families affected by HIV/AIDS.

Informant characteristics

The 2000 ZSBS survey included interviews with 275 informants in 79 of 80 survey clusters. Table 7.1 shows characteristics of community survey informants. Overall, about one-quarter of the community informants are elders/leaders,

Table 7.1
Characteristics of Community Survey Informants

	(n=275)	Percent
Language of Interview		
Local language	163	59.2
English	112	40.1
Gender		
Male	196	71.3
Female	70	25.5
No information	9	3.3
Residence		
Urban/semi-urban	141	51.1
Rural	88	31.9
Remote	44	15.9
Type of Informant		
Elder	72	26.5
Government official	38	14.0
Women's Group representative	8	2.9
Village health committee	19	7.0
Church leader	55	20.2
Traditional/spiritual healer	4	1.5
Village Health Worker	17	6.3
Youth	13	4.8
Other	46	16.9

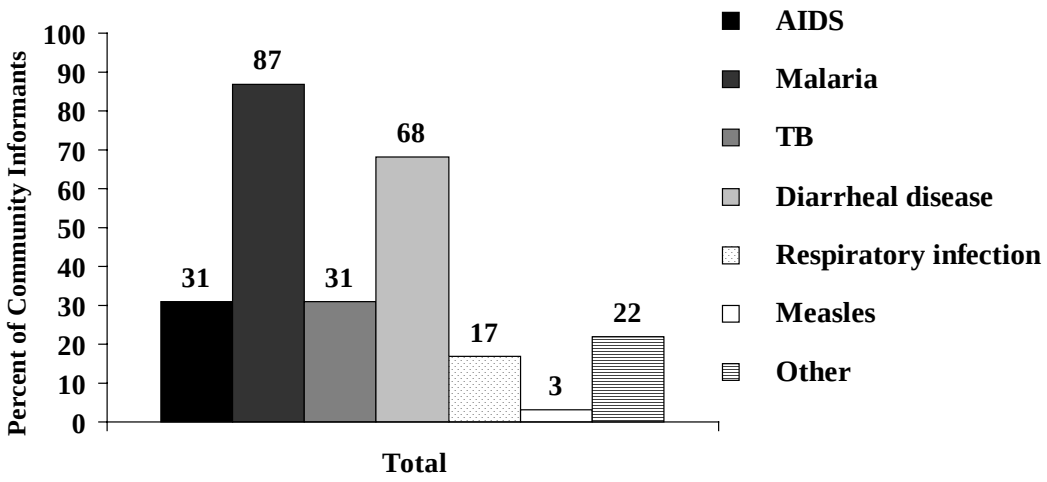
one-fifth are church leaders, and 14% government officials. Representatives of women's groups, youth, village health committee members, and health workers together account for another 20%. Only four informants were classified as traditional healers. The majority of community informants were males (71%). This may suggest that most critical decisions in the communities are made by men. Fifty-two percent of the community informants live in urban or semi-urban areas. Thirty-two percent live in rural areas, and the remaining 16% in areas classified as 'remote.' More than half (59%) of the community interviews were conducted in the local language, and the remainder in English.

As might be expected, the type of informant most likely to be interviewed differs by location. Among the 130 urban informants, government officials (23%) or church leaders (22.3%) together account for about half of informants. The 78 informants in rural areas were mostly elders/leaders (40%) and church leaders (21%). Informants from remote areas are also mostly drawn from among the village elders (45%), with about 11% identified as church leaders and another 11% as village health workers.

Community characteristics

Just over half of the survey clusters (communities) are urban or semi-urban areas (52%); 32% are in rural areas, and 16% in remote areas. Access to most communities is good. The main route of access for 79% of the communities is an all year road. Fourteen percent use a seasonal road as the main route of access, and main access by rail, waterway or path is reported for only 5% of the communities. In more than three-quarters of the clusters, some form of motor vehicle (car, truck or bus) is the usual way of travelling to and from the community. Such motor transport is available at least once a day in almost all of these places. In the majority of communities, agriculture remains an economic mainstay (54%). Commerce is important in more than one-third of the communities, but primarily

Figure 7.1
Major health problems reported for communities by informants, 2000 ZSBS



in the urban and semi-urban areas. Livestock (9%) and fishing (17%) are listed in a number of the rural or remote areas. If opportunities continue to decline in the agricultural and industrial sectors, commerce may become a critical economic mainstay. This situation may be exacerbated by irregular rainfall patterns and livestock diseases.

Main Health Problems in Community

Informants were most likely to agree on malaria and diarrhoeal disease as main health problems in their communities, but AIDS and TB were important in a large proportion of communities as well. Malaria was named by a majority of informants in 87% of the communities, and diarrhoeal disease in 67%. AIDS and TB were each named as major health problems in 30% of the communities, primarily in the urban communities (Figure 7.1, Table A.7.1). Respiratory illness was named an important malady in 21 communities, and measles in two. Once again, the study reveals the severity of the pandemic in the urban compared with the rural areas.

AIDS and AIDS-deaths are common in most communities

Although less than one-third of the communities named AIDS as a major health problem, a different picture is painted when examining community response to a direct question about AIDS. In 94% of the communities, at least half of all informants reported that AIDS was 'common,' and in more than half of the urban communities (53%), AIDS was reported to be 'very common' (Figure 7.2, Table A.7.2). There are in fact only 5 communities in which the majority of informants agree that AIDS is 'not common.' Thus, most informants appreciated the problem of the pandemic. This means that 64% of the communities who report that 'AIDS is common' in response to a direct question did not mention AIDS when asked to name the major health problems in the community.

Figure 7.2
Percent of community informants that report "AIDS is common" in community, 2000 ZSBS

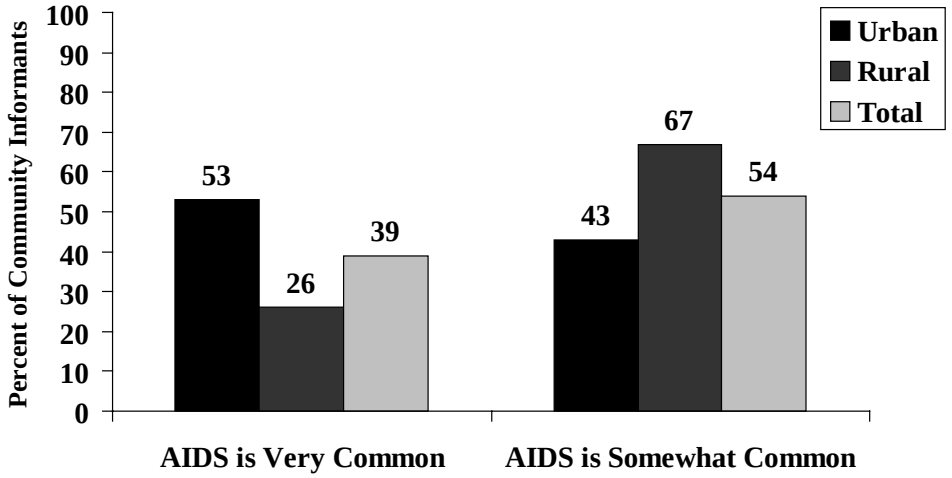


Table 7.2
Percent Distribution of Estimates of AIDS deaths in Community in Past 12 Months (in overlapping categories)

Classification	n	Total (n=77)	Urban (n=39)	Rural (n=38)
At least one death	72	93.5	97.4	89.5
Among communities with at least one death				
Five or more deaths	55	76.4	91.9	70.0
Ten or more deaths	39	54.2	78.4	33.3
Twenty or more deaths	20	27.8	45.9	10.0
Number Missing	2	2	1	1

Table 7.3
Number of Families in Community who lost Both Young Parents in Past 12 months : Informant Estimates [overlapping categories]

Categories**	n	Total (n=68)	Urban (n=37)	Rural (n=31)
At least one	68	100.0	100.0	100.0
Five or more	29	42.6	56.8	25.8
Ten or more	20	29.4	40.5	16.1
Twenty or more	11	16.2	21.6	9.7
Number of Communities with no information	11	11	8	3

Frequency of Recent Deaths from AIDS

Informants were asked how many people in their community had died of AIDS in the past year. Although their response is based only on their perceptions (as opposed to official records), the march of the epidemic is more than apparent. At least one death from AIDS in the past year was reported in 91% of all communities. The vast majority of communities reported far more than one or two deaths from AIDS in the past year (Table 7.2). The estimates are especially high in the urban communities, where 92% reported five or more deaths, more than three-quarters 10 or more, and 46% twenty or more deaths.

Informants were asked where those ill with AIDS could go for help in their community and responses are shown in Table A.7.3. A hospital or health clinic was most likely to be named (86%). The family and traditional healers were important in 10% of communities, and the church in 4%. An AIDS organisation was named as a source of help in only three communities. Given these responses, it seems likely that informants understood the question to be asking about medical help, as opposed to help in general. As observed in Chapter 6, the majority of the people who were sick obtained the assistance from family members, friends and churches.

Parental deaths /orphanhood

In the household survey, respondents were asked to identify any orphans living in the household and to answer a few questions about the types of assistance available to the household to help care for the orphans. The community survey does not ask directly about orphans. Rather, informants are asked about how many times a young father, or both young parents, had died in the past year in their community (Table 7.3, Table A.7.4). Consistent with findings from the household survey, community informant reports point to a rapidly growing number of orphans. All communities providing information reported at least one death among young fathers in the past year; and more than half of these same communities reported 10 or more such deaths. Similarly, all 68 communities that provided information about recent deaths of both young parents and said this had happened at least once. More than a quarter (29%) estimated a frequency of at least 10 times in the past year. All of the urban and rural communities providing information reported at least one instance of the death of both parents. It should be noted that informants were not asked if the parental deaths were due to AIDS. They were simply asked whether such deaths had occurred, and how frequently. The likelihood that a significant portion of such deaths may be due to AIDS is strong, however. The deaths of young parents in the country are likely to generate a lot of orphans which may put pressure among the remaining family members.

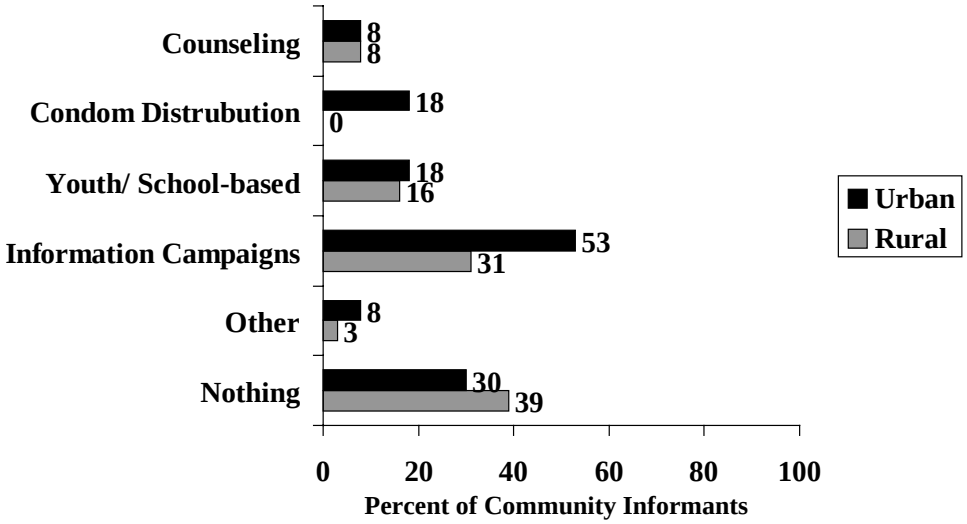
Type and availability of assistance

In most communities, a great deal of the assistance available to families that experience the death of one or both young parents is informal in nature. Among the 73 communities reporting at least one parental death, the type of assistance most likely to be reported as available to the affected families was 'extra food' (44%) (Table 7.4). Monetary assistance and counselling were the next most likely to be reported, but were available in only 19% of the affected communities. Overall, home-based care, free medicines, help with food preparation, help with housework, and even spiritual/religious help were available in only a small number of communities (4-7% or less). In no community did the majority of respondents indicate the availability of hospice care, income-generating projects, or micro-credit schemes. Help with childcare was available only in 2 urban communities, and an AIDS support group in only one community (urban). The study reveals that more care is needed in the communities. It also suggests that more community-based projects have to be initiated to support the sick and the remaining orphans.

Improving Care for those ill with AIDS

When asked what was most needed in their communities to improve care for those ill with AIDS, access to free medicines and monetary assistance (37-39% of communities) were the most likely to be mentioned (Table A.7.5). Just under one-quarter of all communities cited the need for home-visits from health workers, hos-

Figure 7.3
Percent of community informants that report community prevention activities to help prevent the spread of AIDS, 2000 ZSBS



pice care, and help with schooling for the children. In just over one-quarter (27%) of communities, informants said that the families themselves needed to take better care of their own family members ill with AIDS. About one in five communities cited a need for hospital admission and for support groups. The need for financial assistance and better care from the family was felt equally across urban and rural communities. By contrast, providing medicines and help with schooling for the children appear to be needed more in the rural than urban communities. This may depict the limited resources the people in the rural and remote areas have.

HIV/AIDS Prevention Activities undertaken by Communities

Informants were asked what had been done in their community to help prevent the spread of AIDS and responses are shown in Table A.7.6 and Figure 7.3. Information, education and communication (IEC) campaigns were reported in 42% of all communities, but urban communities (53%) are much more likely to have an IEC campaign than the rural areas are (31%). No AIDS-prevention activities were reported in more than one-third of all communities. Very few communities report the presence of school-based or church-based activities, counselling and condom distribution programmes, or activities aimed at women or youth. All seven communities with a condom distribution programme are urban, as is the single community with a women programme. The few youth programmes, although rare, are reported in rural as well as in the urban communities. The current findings should prompt all the stakeholders not to relent in the HIV/AIDS educational campaigns and prevention programmes.

Table 7.4
Type of assistance available for affected families in communities reporting at least one parental death in past 12 months

Type of assistance available	n	Total (n=73)	Urban (n=40)	Rural (n=33)
Counselling	14	19.2	15.0	24.2
Money	14	19.2	22.5	15.2
Extra food	32	43.8	47.5	38.6
Free medicine	3	4.1	7.5	0.0
Home based care	3	4.1	7.5	0.0
Child care	2	2.7	5.0	0.0
School fees	2	2.7	5.0	0.0
Income generating project	0	0.0	0.0	0.0
Micro-credit	0	0.0	0.0	0.0
Help with housework	3	4.1	2.5	6.1
Help with food preparation	5	6.8	5.0	9.1
Spiritual/religious support	5	6.8	5.0	9.1
Support Group	1	1.4	2.5	0.0
Hospice	0	0.0	0.0	0.0
Other	4	5.5	5.0	6.4

Note: this table combines responses to two questions: type of assistance received after a young father died and after both parents died. It is the proportion of communities that reported a particular type of help among all those providing information on parental deaths (fathers or both parents)..

Table 7.5
'Programme Exposure' Variables

	n	Total (n=79)	Urban (n=40)	Rural (n=39)
Community has an AIDS Committee	18	22.8	20.0	25.6
Has a Currently Active AIDS committee	13	16.5	18.0	15.4
AIDS Education in the schools	46	58.2	67.5	48.7
Health workers are active in AIDS prevention	66	83.5	90.0	76.9
Traditional healers active in prevention	10	12.7	12.5	12.9
Condoms available in health centre	70	88.6	87.5	89.7
Condoms available in the shops	58	73.4	90.0	56.4
Condoms available in all bars	13	16.5	32.5	0.0
Condoms available in some bars	12	15.2	22.5	7.7

Note: More than one type of exposure is possible in a single community

Programme Exposure

Less than one-quarter of all communities have an AIDS committee, and among the 18 that do have one, around one-quarter (27%) said that the committee was not currently active (Table 7.5). On the positive side, health workers are active in AIDS prevention in the vast majority of communities (84%), and condoms are available in the health clinic in nine out of ten communities throughout the country. Almost 60% of all communities have AIDS education in the schools, and just under three-quarters report that condoms are available in the shops. It should be noted, however, that the health workers and schools may be too few to bring about the desired effect alone. Other considerations are stigma and accessibility to condoms. Traditional healers are active in about 13% of all communities. What this entails is that the traditional healers should be given adequate skills and knowledge to handle HIV/AIDS-cases. Fifteen to seventeen percent of all communities say that condoms are available in some or all the bars, but this is true mostly in urban areas.

Access to AIDS testing

A majority of informants in 89% of all communities are able to name a place where people can go to get an HIV test (Table 7.6). A health facility is named as a place to go in 86% of all communities, and a voluntary counselling and testing (VCT) centre in 14%. Among communities naming a health centre, 59% said that services at the facility were 'good,' and 64% of communities naming a VCT centre said the same of VCT services. People can be tested at a place located within the community in only about one-quarter of all communities. In 23% of urban communities it is possible to be tested at a VCT centre and 93% at a health facility. That is, apart from these urban communities, voluntary counselling and testing centres are not widely available.

Helpful Organisations

In an attempt to learn more about the nature of the current 'assistance environment' and the specific sources of help currently available, community informants were asked to name the particular organisations providing assistance in their community to people with AIDS and their families. Information on organisational assistance is available for 62 of the 79 survey clusters, or about three-quarters (Table 7.7). Totalling the names provided across all 62 clusters gives a total of 209 organisations or their branches currently providing assistance in one or more of the 62 communities.[1] The average number of assistance agencies listed per cluster is 3.4, but the spread is wide and the distribution uneven. The minimum number listed per cluster is one, and the maximum is eleven.

Organisational assistance is more widely available in urban than in rural communities. An average of five organisations are currently providing assistance in the urban communities and about two in the rural communities.

Overall, most of the organisations currently providing assistance are church-sponsored groups and NGOs. These two types account for almost two-thirds of the names listed, but a large majority of NGOs and church-sponsored groups are serving the urban communities (83 and 66%, respectively). Government clinics account for 14% of all organisation names listed, and play their largest role in the rural communities. More than half of the government clinics named are located in rural areas. Overall, the names of private clinics or facilities account for about one in ten of the total names provided. However, assistance from private clinics is almost exclusively available in the urban communities; 95% of the private clinics named are located in urban areas.

[1] The total of 209 names of organisations is compiled by community/cluster, and therefore often includes multiple entries for the same organization (e.g., Care Zambia, the Catholic Church. World Vision, CHEP, PPAZ). The goal is to describe organizational assistance available to the community, rather than to describe organizations as unique entities.

Table 7.6
Type of Test Site, Access, Quality of HIV/AIDS Services

	n	Total (n=79)	Urban (n=40)	Rural (n=39)
Communities that can say where to go for test	*70*	88.6	95.0	82.0
Testing is available at a Health Facility	*68*	86.1	95.0	76.9
Testing is available at a VCT Centre	*11*	14.0	22.5	5.1
Access/Quality				
Among communities naming a site	*70*	**N=70**	**N=38**	**N=32**
Test Site is available in Community	*18*	25.7	34.2	25.0
'Good services' at site within community	*11*	*15.7*	*18.4*	*20.0*
Test Site is Outside community	*57*	74.3	66.8	75.0
'Good services' at site outside community	*31*	*44.3*	*36.8*	*35.0*
Type of site/Quality				
Health Facility = n	*68*	**N=68**	**N=38**	**N=30**
'Good services' at health facility	*40*	58.8	63.2	53.3
VCT = n	*11*	**N=11**	**N=9**	**N=2**
'Good services' at VCT centre	*7*	63.6	66.7	50.0

More than one site is possible in a single community

Table 7.7
Helpful Organisations

	Total	Urban	Rural
Total no. of clusters	79	40	39
No. of Clusters with information	**62**	**34**	28
% of Clusters with information	78.5	85.0	71.8
Total No. of organisation names listed**	209	137	72
Mean No. of orgs providing help to PLWHA per community	3.4	4.5	2.3
	n=62	**n=34**	**n=28**
No. of communities assisted by 1 org	21	10	11
% of communities assisted by 1 org	33.9	29.4	39.3
No. of communities assisted by 2-3 orgs	24	12	12
% of communities assisted by 2-3 orgs	38.7	35.3	42.9
No. of communities assisted by 4-5 orgs	4	3	1
% of communities assisted by 4-5 orgs	6.5	8.8	3.6
No. of communities assisted by 6 or > orgs	13	9	4
% of communities assisted by 6 or > orgs	21.0	26.5	14.3

Counselling and education are the type of assistance most frequently offered by the organisations named. Almost three-quarters of all the organisations provide counselling and education. Close to half (44-55%) of the organisations provide help in the form of free medicine, extra food, home-based care, support groups, and spiritual support. Sharp differentials are apparent between what is available in the urban and rural communities. Free medicine and home-based care, for example, are provided by at least three-quarters of organisations in urban communities, compared to less than one in five in rural, and less than one in ten organisations in remote communities. Financial assistance is in the shortest supply. About one in five of the organisations named is providing money or financial assistance, and about the same number are involved in income-generating projects. Thirteen percent are providing micro-credit schemes. Income-generating projects and micro-credit schemes are provided mostly by organisations working in the urban communities.

All of the organisations named were rated as helpful to some degree. Overall, 57% are rated 'very helpful' and the remaining 41% as 'somewhat helpful.' Among NGOs, church-sponsored organisations, and private clinics, those rated 'very helpful' outnumber those rated 'somewhat helpful' by about two to one. Among the organisation types listed, government clinics are the only category for which the 'very helpful' rating (43%) is lower than the 'somewhat helpful' rating (57%). This suggests the need to improve the quality of services provided in the government clinics.

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Appendix A: Tables

Table A.1.1
Percentage Distribution of the Population by Five Year Intervals, 2000 ZSBS

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	16.3	14.1	15.1	16.3	14.1	15.1	17.9	15.7	16.8
5-9	18.3	15.3	16.7	18.3	15.3	16.7	16.9	15.2	16.0
10-14	14.2	15.5	14.9	14.2	15.5	14.9	15.4	15.7	15.6
15-19	11.7	13.1	12.4	11.7	13.1	12.4	8.8	10.7	9.8
20-24	7.1	11.9	9.6	7.1	11.9	9.6	7.7	10.0	8.9
25-29	7.1	8.2	7.7	7.1	8.2	7.7	6.3	6.8	6.5
30-34	5.9	6.7	6.3	5.9	6.7	6.3	5.2	5.1	5.1
35-39	5.3	5.1	5.2	5.2	5.1	5.2	4.9	5.0	5.0
40-44	5.0	3.3	4.1	5.0	3.3	4.1	4.3	3.5	3.9
45-49	3.9	2.1	3.0	4.0	2.1	3.0	2.7	2.6	2.6
50-54	2.0	1.3	1.6	2.0	1.3	1.6	2.4	1.9	2.2
55-59	1.0	0.9	0.9	1.0	0.9	1.0	1.5	1.5	1.5
60-64	0.9	1.2	1.1	0.9	1.2	1.1	1.7	3.3	2.5
65-69	0.6	0.5	0.6	0.6	0.5	0.5	1.9	1.4	1.6
70-74	0.4	0.2	0.3	0.4	0.2	0.3	1.1	0.8	1.0
75-79	0.2	0.1	0.2	0.2	0.1	0.2	0.7	0.2	0.4
80+	0.1	0.5	0.3	0.1	0.5	0.3	0.6	0.6	0.6

Table A.1.2
Levels of Education in Zambia by Residence, Gender, and Schooling, 2000 ZSBS

	n	No School	Primary	Secondary
Men				
Urban	562	3.4	28.1	68.5
Rural	963	11.3	58.9	29.8
Total	1,525	8.4	47.5	44.1
Women				
Urban	721	6.4	39.0	54.6
Rural	1,070	20.8	60.6	18.6
Total	1,791	15.0	51.9	33.1

Table A.1.3
Women Counselled and Tested for HIV at Antenatal Clinic (ANC) by Residence, 2000 ZSBS

	Attended ANC(n)	Percent Counselled for HIV[1]	Percent Had HIV Test[1]	Percent that Got HIV Test Results[2]
Total				
Yes	1,242	47.2	10.3	78.9
No	113	52.8	89.7	21.2
Urban				
Yes	486	58.0	15.0	83.6
No	19	42.0	85.0	16.4
Rural				
Yes	756	40.2	7.3	72.7
No	94	60.0	92.7	27.3

[1]Among those who attended ANC, n=1242
[2]Among those who attended ANC and were tested for HIV, n=128

Table A.1.4
UNAIDS Indicators of HIV Counselling and Testing Among Pregnant Women and the Entire Population by Gender and Residence, 2000 ZSBS (percent of respondents)

	Pregnant Women Counselled/Tested for HIV[1]	Tested for HIV and Know Results[2]
Men		
Urban	N/A	7.1
Rural	N/A	3.6
Total	N/A	4.9
Women		
Urban	10.3	6.4
Rural	4.2	3.0
Total	6.5	4.4

[1]Among women who were pregnant at any time during the two years before the survey, n=1355
[2]Among all respondents, n=1525 for men, n=1791 for women
* Mother to Child Transmission Indicator 1, and Voluntary Counselling and Testing Services Indicator 1

Table A.2.1
General Knowledge of HIV/AIDS by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Has Heard of AIDS	Knows HIV/AIDS Can Be Avoided	Knows Healthy Person Can Have HIV	Knows Mother to Child Transmission
Men					
Urban	562	99.3	90.0	93.8	85.1
Rural	963	94.6	80.6	85.5	80.0
Total	1,525	96.3	84.1	88.5	81.8
Women					
Urban	721	99.0	88.4	91.3	89.7
Rural	1,070	93.3	72.2	77.9	78.1
Total	1,791	95.6	78.7	83.3	82.8

Table A.2.2
Knowledge of Ways to Prevent the Spread of HIV/AIDS by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Consistent Condom Use	One Faithful Partner
Men			
Urban	562	73.1	90.8
Rural	963	70.8	80.3
Total	1,525	71.7	84.1
Women			
Urban	721	75.7	86.3
Rural	1,070	58.3	78.4
Total	1,791	65.3	81.5

Table A.2.3
Misconceptions about HIV Transmission by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	HIV Transmitted by Mosquitoes	HIV Transmitted by Sharing a Meal	HIV Transmitted by Witchcraft
Men				
Urban	562	21.5	8.4	13.9
Rural	963	25.4	13.2	22.2
Total	1,525	24.0	11.4	19.1
Women				
Urban	721	19.8	8.7	20.7
Rural	1,070	25.7	13.4	29.3
Total	1,791	23.3	11.5	25.8

Table A.2.4
Knowledge of Someone Affected by HIV/AIDS by Gender and Residence, 2000 ZSBS (percent of respondents)

	N	Knows Person with HIV or Who Died from HIV/AIDS
Men		
Urban	562	76.9
Rural	963	72.5
Total	1,525	74.1
Women		
Urban	721	75.5
Rural	1,070	68.2
Total	1,791	71.1

Table A.2.5
Knowledge of Testing Site, Taken an HIV Test, and Know the Results by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Knows Place for HIV Test	Tested for HIV	Tested in the Last Year[1]	Know Re-sults[2]	Want to be tested again
Men						
Urban	562	81.3	16.6	45.2	90.9	67.0
Rural	963	72.6	13.1	34.9	80.4	73.6
Total	1,525	75.8	14.4	39.3	85.6	71.1
Women						
Urban	721	70.6	15.1	49.5	83.6	65.0
Rural	1,070	64.5	9.4	41.0	76.2	71.4
Total	1,791	67.0	11.7	45.5	80.4	68.8

[1]Among those tested for HIV, n=219 for men, n=209 for women
[2]Among those tested for HIV with non-missing response to knowing test result, n=90 for men, n=97 for women

Table A.2.6
Attitude Towards HIV-Infected Individuals by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Has Shared a Meal with an HIV Infected Person	Willingness to Buy from Infected Shopkeeper	Infected Female Teacher Should Continue Working
Men				
Urban	562	36.7	56.2	69.4
Rural	963	27.9	41.3	50.0
Total	1,525	31.2	46.8	57.1
Women				
Urban	721	35.2	51.6	68.4
Rural	1,070	23.4	34.2	52.2
Total	1,791	28.1	41.2	58.7

Table A.2.7
Attitude Towards HIV-Infected Family Members by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Willingness to Care for HIV Infected Family Member	If Family Member Infected Want It Kept a Secret
Men			
Urban	562	94.0	43.1
Rural	963	86.0	34.9
Total	1,525	88.9	37.9
Women			
Urban	721	94.5	41.1
Rural	1,070	84.6	37.2
Total	1,791	88.6	38.8

Table A.2.8
Attitudes towards condom purchase by unmarried women by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Condom Purchase by Unmarried Women Acceptable
Men		
Urban	562	63.5
Rural	963	61.5
Total	1,525	62.2
Women		
Urban	721	58.8
Rural	1,070	52.7
Total	1,791	55.2

Table A 2.9
A Woman Can Protect Herself from STIs if Her Husband Has an STI by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Women Can Protect from STI	Women Can Refuse Sex[1]	Women Can Use Condoms[1]
Men				
Urban	562	61.2	59.3	70.9
Rural	963	46.4	70.0	62.6
Total	1,525	51.9	65.3	66.2
Women				
Urban	721	57.7	62.7	60.6
Rural	1,070	42.3	66.2	52.1
Total	1,791	48.5	64.6	56.2

[1] Among those who said yes to a woman can protect herself from STI, n=869 for women, n=791 for men

Table A.2.10
Person Has Been Circumcised by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Circumcised
Men		
Urban	562	15.3
Rural	963	17.8
Total	1525	16.9
Women		
Urban	721	3.7
Rural	1,070	3.9
Total	1,791	3.8

Table A.2.11
Indicators of Knowledge about HIV by Gender and Residence, 2000 ZSBS (percent of all respondents)

	n	Accepting those with HIV	Knows HIV Prevention Methods	Has No Incorrect Beliefs about HIV	Knows how to prevent Mother to Child Transmission
Men					
Urban	458	26.9	71.6	65.7	1.4
Rural	862	18.2	63.0	50.0	1.0
Total	1,320	21.4	66.0	55.7	1.2
Women					
Urban	593	23.9	71.0	60.3	2.2
Rural	971	14.0	53.8	41.3	0.5
Total	1,564	18.0	60.3	49.0	1.2

* Stigma Indicator 1 and Knowledge Indicators 1,2, and 5

Table A.3.1
Last Sexual Intercourse with Marital Partner by Gender and Residence, 2000 ZSBS (percent of respondents)

	n	Had Sex Last Night	Had Sex Last Month
Men			
Urban	298	9.8	89.7
Rural	638	20.4	87.2
Total	936	17.0	88.0
Women			
Urban	371	8.0	84.0
Rural	746	14.8	83.5
Total	1,117	12.5	83.7

Table A.3.2
Condom Use During Last Sexual Intercourse within Marital Partnerships by Gender, 2000 ZSBS (percent of respondents)

Variable	Men[1]		Women[1]	
	n	Percent used condom	n	Percent used condom
Residence				
Urban	304	9.5	377	7.2
Rural	626	5.0	736	3.1
Duration of Marriage				
<3 yr.	159	10.1	212	6.6
3+ yr.	749	5.6	861	3.8
Extramarital Partner				
Yes	103	10.7	15	0.0
No	802	5.9	1,059	4.4
STI in Last Year				
Yes	34	5.9	17	0.0
No	895	6.5	1,094	4.6

[1] Among those who had intercourse in the last year with a marital partner

Table A.3.3
Number of Non-marital Partners in the Last Year by Gender and Marital Status, 2000 ZSBS (percent of respondents)

	Survey	n	None	1	2-3	4+
Married Men	2000 ZSBS	936	87.4	9.8	2.4	0.4
	1998 ZSBS	897	79.4	13.4	5.0	2.0
Unmarried Men	2000 ZSBS	589	61.6	26.8	9.5	2.0
	1998 ZSBS	755	52.5	26.8	13.6	7.2
Married Women	2000 ZSBS	1,119	97.9	1.7	0.4	0.0
	1998 ZSBS	1,214	96.5	2.9	0.7	0.0
Unmarried Women	2000 ZSBS	672	72.8	25.2	1.8	0.3
	1998 ZSBS	819	61.9	32.1	5.5	0.5

Table A.3.4
Condom Use during Last Sexual Intercourse within Non-marital Partner by Gender, 2000 ZSBS (percent of respondents)

Variable	Men[1]		Women[1]	
	n	Percent used condom	n	Percent used con-dom
Total	334	38.9	203	33.0
Residence				
Urban	115	47.8	92	38.0
Rural	219	34.3	111	28.8
STI in Last Year				
Yes	42	38.1	6	16.7
No	292	39.0	197	33.5
Duration of Marriage				
<3 yr.	27	55.6	7	28.6
3+ yr.	82	31.7	12	8.3

[1] Among those who had intercourse in the last year with a marital partner

Table A.3.5
Characteristics of Last Sexual Act with a Non-regular Partner by Gender and Residence, 2000 ZSBS(percent of respondents with non-regular partner in the last 12 months)

	n	Exchanged Money	Drank Alcohol	Thinks Partner Has Other Partners
Men				
Urban	115	15.7	32.2	26.1
Rural	220	27.7	13.6	28.6
Total	335	23.6	20.0	27.8
Women				
Urban	92	18.5	34.8	46.7
Rural	111	31.5	13.5	36.0
Total	203	25.6	23.2	40.9

Table A.3.6
Indicators of Sexual Behaviour by Gender and Residence, 2000 ZSBS (percent of respondents)

	Women can Negotiate Safer Sex with Husband[1]	Higher Risk Sex in Last Year[2]	Condom Use at Last Higher Risk Sex[3]
Men			
Urban	57.9	30.0	47.8
Rural	42.7	28.4	34.1
Total	48.6	28.9	38.8
Women			
Urban	54.6	19.8	38.0
Rural	37.1	13.3	28.8
Total	44.6	15.6	33.0

[1]Among respondents who have heard of STIs aged 15-49, n=1285 for men, n=1436 for women
[2]Among respondents who report having sex in the last year, n=1158 for men, n=1299 for women
[3]Among respondents who report having sex with a non-marital/non-cohabiting partner in the last 12 months, n=335 for men, n=203 for women
* Sexual Negotiation Indicator 1, Sexual Behaviour Indicators 1 and 2

A.4.1
Knowledge of Sexually Transmitted Diseases by Gender and Residence, 2000 ZSBS (percent of respondents)

Variable	Number of Cases	Has Heard of STI	Knows Symptom in Men	Knows Symptom in Women
Men				
Urban	562	87.9	77.9	64.4
Rural	963	82.1	67.7	57.9
Total	1,525	84.3	71.5	60.5
Women				
Urban	721	85.6	64.6	68.9
Rural	1,070	76.5	62.2	62.1
Total	1,791	80.2	63.8	64.8

Table A.4.2
Knowledge of specific symptoms and signs of STIs in Men and Women by Gender, 2000 ZSBS (percent of respondents)

	STI in Men		STI in Women	
Respondents:	**Men**	**Women**	**Men**	**Women**
N	1525	1791	1525	1791
Abdominal Pain	16.6	17.0	22.0	25.6
Blood in Urine	7.4	4.1	3.7	3.7
Burning Urination	21.6	13.1	12.3	11.1
Failure to Pass Urine	4.5	2.7	2.7	2.1
Genital Discharge	36.0	28.1	24.9	28.4
Genital Ulcer	46.3	41.4	36.7	43.3
Inability to Conceive	3.2	1.5	2.1	1.8
Itching in Genital Area	9.6	7.9	8.3	8.6
Loss of Weight	11.7	8.2	12.8	10.0
Pain during Intercourse	9.2	7.2	10.8	6.4
Swelling in Genital Area	23.9	17.9	15.9	13.1
Don't Know	11.4	18.8	19.2	14.2

Table A.4.3
Genital Discharge or Genital Ulcer during the Last 12 Months by Gender and Residence, 2000 ZSBS (percent of respondents)

Variable	**n**	**Had Discharge or Ulcer**
Men		
Urban	458	6.3
Rural	862	4.5
Total	1320	5.2
Women		
Urban	593	1.7
Rural	971	1.2
Total	1564	1.4

Table A.5.1
General Knowledge of HIV/AIDS Among Respondents by Age of Respondent and Gender, 2000 ZSBS (percent of respondents)

	n	**Ever Heard of AIDS**	**Knows HIV/AIDS Can Be Avoided**	**Knows Healthy Person Can Have HIV**
Men				
15-19	307	92.5	70.0	79.2
20-24	250	95.2	84.0	87.6
25-59	968	97.8	88.5	91.7
Women				
15-19	415	92.3	67.7	74.9
20-24	404	95.8	79.7	85.4
25-49	972	96.9	82.9	85.9

Table A.5.2
Knowledge of Ways to Prevent the Spread of HIV/AIDS by Gender and Age of Respondent, 2000 ZSBS (percent of respondents)

	n	Consistent Condom Use	One Faithful Partner	Knows Mother to Child Transmission
Men				
15-19	307	63.8	74.9	65.8
20-24	250	75.6	80.8	82.8
25-59	968	69.4	87.4	86.7
Women				
15-19	415	57.4	73.3	70.6
20-24	404	70.5	83.4	84.2
25-49	972	64.1	83.6	87.5

Table A.5.3
Misconceptions about HIV Transmission by Age of Respondent and Gender, 2000 ZSBS (percent of respondents)

	n	HIV Transmitted by Mosquitoes	HIV Transmitted by Sharing a Meal	HIV Transmitted by Witchcraft
Men				
15-19	307	30.0	12.7	13.7
20-24	250	21.6	7.6	18.0
25-59	968	22.7	12.0	21.2
Women				
15-19	415	23.9	14.7	22.4
20-24	404	24.8	12.4	21.5
25-49	972	22.5	9.8	29.0

Table A.5.4
A Woman Can Protect Herself from STIs if Her Husband Has an STI by Gender and Age of Respondent, 2000 ZSBS (percent of respondents)

	n	Women Can Protect from STI
Men		
15-19	307	38.4
20-24	250	51.2
25-59	968	56.3
Women		
15-19	415	43.9
20-24	404	50.0
25-49	972	49.9

Table A 5.5
Knowledge of Testing Site, Taken an HIV Test, and Know the Results by Gender and Age of Respondent, 2000 ZSBS (percent of respondents)

	n	Knows Place for HIV Test	Tested for HIV	Tested in the Last Year[1]	Know Results[2]
Men					
15-19	307	58.6	4.9	40.0	83.3
20-24	250	78.6	14.0	34.3	93.3
25-59	968	84.7	17.5	40.2	84.1
Women					
15-19	415	58.9	6.5	44.4	83.3
20-24	404	72.7	12.4	44.0	87.0
25-49	972	73.3	13.6	46.2	77.4

[1]Among those tested for HIV, n=219 for men, n=209 for women
[2]Among those tested for HIV with non-missing response to knowing test result, n=90 for men, n=97 for women

Table A.5.6
Willingness to Care for an Infected Family Member and Knowledge of Someone Affected by HIV/AIDS by Gender and Age of Respondent, 2000 ZSBS (percent of respondents)

	n	Willing to Care for Family Member	Knows Person with HIV or Who Died from HIV/AIDS
Men			
15-19	307	80.8	56.4
20-24	250	90.8	69.2
25-59	968	91.0	81.0
Women			
15-19	415	84.1	60.5
20-24	404	86.6	71.0
25-49	972	91.3	75.7

Table A.5.7
Attitude Towards HIV-Infected Individuals by Gender and Age of Respondent, 2000 ZSBS (percent of respondents)

	n	If Family Member Infected Want It Kept a Secret	Has Shared a Meal with an HIV Positive Person	Willingness to Buy from Infected Shopkeeper	Infected Female Teacher Should Continue Working
Men					
15-19	307	40.7	18.2	35.8	48.5
20-24	250	40.0	26.0	52.0	59.6
25-59	968	36.5	36.6	49.0	59.2
Women					
15-19	415	39.3	17.1	38.6	53.5
20-24	404	35.2	27.5	41.6	57.9
25-49	972	40.0	33.1	42.2	61.2

Table A.5.8
Sexual Intercourse in the Last Year Among Adolescents, 2000 ZSBS
(percent of respondents 15-20)

	2000 ZSBS	
	n	**Percent Had Sex in Last Year**
Men		
15	53	24.5
16	66	30.3
17	57	40.4
18	76	57.9
19	55	63.6
20	55	80.0
Women		
15	66	18.2
16	93	39.8
17	88	56.8
18	88	78.4
19	79	78.5
20	97	85.6

Table A5.9 Ever had sex by age of the respondent, 1996 ZDHS, 1998 and 2000 ZSBS
Adolescent women, 1996 ZDHS, 1998 ZSBS and 2000 ZSBS

Age	**1996ZDHS**		**1998 ZSBS**		**2000 ZSBS**	
	n	Percent had sex	n	Percent had sex	n	Percent had sex
15	398	24.9	92	27.2	66	18.2
16	419	44.5	105	41.0	93	39.8
17	379	57.7	96	64.6	88	56.8
18	406	79.5	115	79.1	88	78.4
19	401	84.3	78	84.6	79	78.5
20	403	92.0	103	91.3	97	85.6

Adolescent men, 1996 ZDHS, 1998 ZSBS and 2000 ZSBS

Age	**1996 ZDHS**		**1998 ZSBS**		**2000 ZSBS**	
	n	Percent had sex	n	Percent had sex	n	Percent had sex
15	80	33.8	67	37.3	53	24.5
16	118	56.7	93	53.8	66	30.3
17	81	71.3	66	60.6	57	40.4
18	90	72.2	89	74.2	76	57.9
19	91	88.7	66	83.3	55	63.6
20	87	90.8	64	85.9	55	80.0

Table A.5.10
Number of Non-marital Partners in the Last Year by Gender and Marital Status, 2000 ZSBS (percent of respondents age 15-19)

	Marital Status	n	None	1	2-3	4+
All Men	Married	5				
	Not Married	302	72.5	19.9	7.3	0.3
All Women	Married	111	96.4	1.8	1.8	0.0
	Not Married	304	76.3	22.0	1.6	0.0

Table A.5.11
Condom Use during Last Sexual Intercourse within Non-marital Partner by Gender and Age of Respondent, 2000 ZSBS (percent of respondents)

Variable	Men[1]		Women[1]	
	n	Percent used use condom	n	Percent used condom
Total	334	38.9	203	33.0
Age Group				
15-19	84	35.7	76	40.8
20-24	93	45.2	54	35.2
25-59	157	36.9	73	23.3

[1]. Among those who had intercourse in the last year with a non-regular partner

Table A.5.12
Knowledge of Sexually Transmitted Diseases by Gender and Age of Respondent, 2000 ZSBS (percent of respondents)

Variable	n	Has Heard of STI	Knows Symptom in Men	Knows Symptom in Women
Men				
15-19	307	71.3	46.3	41.0
20-24	250	80.4	62.0	52.8
25-59	968	89.4	76.6	68.1
Women				
15-19	415	68.0	39.8	43.1
20-24	404	80.2	56.7	61.4
25-49	972	85.4	66.2	70.5

Table A.5.13
Indicators of Sexual Behaviour Among Young People by Gender and Residence, 2000 ZSBS (percent of respondents age 15-24)

	Having Premarital Sex in Last Year[1]	Using Condom During Premarital Sex[2]	Having Multiple Partners in Last Year[3]	Using Condom at Last Higher Risk Sex[3]
Men				
Urban	26.8	49.1	7.8	12.3
Rural	44.4	31.8	15.4	13.3
Total	36.4	37.6	12.4	12.9
Women				
Urban	23.5	48.2	1.8	7.5
Rural	38.1	27.9	2.3	5.2
Total	30.7	35.7	2.1	6.1

[1.] Among those young people who are single, n=453 for men, n=456 for women
[2.] Among those young people who are single and sexually active in the last year, n=165 for men, n=140 for women
[3.] Among all young people, n=557 for men, n=819 for women
* Sexual Behaviour Among Young People Indicators 2, 3, 4, and 5

Table A.6.1
Prevalence of Orphanhood and Fosterhood by Residence and Age, 2000 ZSBS

	Residence		Age			
	Urban	Rural	<5	5-9	10-14	Total
Both Parents Around	59.6	64.9	74.3	64.4	50.4	63.2
Father Away, Mother Alive and with Child	11.2	9.6	13.2	8.7	8.1	10.1
Mother Away, Father Alive and with Child	2.9	1.8	1.2	2.1	3.1	2.1
Father and Mother Away	9.5	10.4	5.9	10.0	14.8	10.1
Mother Died, Father Alive and with Child	2.6	0.9	0.6	1.5	2.2	1.4
Mother Died, Father Alive and Away	1.8	2.5	1.0	2.0	4.0	2.3
Father Died, Mother Alive and with Child	5.7	3.7	2.3	5.0	5.7	4.3
Father Died, Mother Alive and Away	3.3	3.7	1.1	3.6	6.3	3.6
Father and Mother Died	3.4	2.7	0.4	2.8	5.6	2.9
Total Maternal Orphan	7.8	6.1	2.0	6.3	11.8	6.6
Total Paternal Orphan	12.4	10.1	3.8	11.4	17.6	10.8
Number of Children	1,199	2,865	1,416	1,345	1,303	4,064

Table A.6.2
Schooling of Children 10-14 by Orphanhood and Residence, 2000 ZSBS

	Residence					
Orphan Status	**Urban**		**Rural**		**Total**	
	n	Percent in School	n	Percent in School	n	Percent in School
Not an Orphan	263	89.4	703	69.4	966	74.8
Maternal Orphan	28	78.6	44	72.7	72	75.0
Paternal Orphan	54	81.5	97	62.9	151	69.5
Double Orphan	24	83.3	48	68.8	72	73.6

Table A.6.3
Cause of Death and Duration of Illness for All Deaths and Adult Deaths, 2000 ZSBS

	Percent Deaths	
	All Deaths (n=217)	**Adult Deaths (n=86)**
Cause of Death		
AIDS	1.4	2.3
TB	16.6	32.6
Other Infectious Disease	15.7	10.5
Malnutrition	1.4	1.2
Maternal Death	0.9	1.2
Violence/ Injuries	2.3	2.3
Heart Disease/ Cancer/ Stroke	3.7	7.0
Anaemia	2.8	1.1
Malaria	14.8	13.9
Meningitis	1.8	2.3
Diarrhoea	12.9	5.8
Other	19.3	10.5
Unknown	6.4	9.3
Duration of Illness		
Less Than 3 Months	66.4	45.4
Three or More Months	33.6	54.6

Table A.6.4
Assistance Received among Households with Death or Illness for At Least 3 Months in the Last Year, 2000 ZSBS

	Death or Illness in Household	
Type of Assistance	**n**	**Percent**
Received Care or Assistance in Relation to Any Illness or Death	318	34.3
Received Care or Assistance in Relation to Adult Illness or Death	149	35.6
Help Received	109	
Counselling		50.5
Free Medicines		42.2
Extra Food		61.5
Money		51.4
Other		17.4

Table A.6.5
Percentage of Households Received Assistance from Provider among Households with Death or Illness for At Least 3 Months in the Last Year, 2000 ZSBS

Provider	Households (n=109)
Friends/ Relatives	56.0
Health Worker/ Hospital/ Clinic	18.3
Church	48.6
Community Organisation	10.1
Non-government Organisation	1.8
Traditional Healer	6.4
Women's Group	1.8
Government/ Social Services	2.8
Other	7.3

Table A7.1
Percent Distribution of Major Health Problems Reported by Communities by Location

Health problems*	n	Total (n=79)	Urban (n=40)	Rural (n=39)
AIDS	24	30.4	40.0	20.5
Malaria	69	87.3	87.5	87.2
TB	24	30.4	50.0	10.3
Diarrhoea disease	53	67.1	62.5	71.8
Respiratory infection	13	16.5	10.0	23.1
Measles	2	2.5	2.5	2.6
Other	17	21.5	15.0	28.2

Note: More than one health problem may be named
Interpretation of the table: Among all urban communities, 40% reported AIDS as a problem, etc; percent of total, not percent distribution only among communities reporting the problem; n at top of column is key

Table A.7.2
Percent Distribution of Reports that 'AIDS is common' in Community

	n	Total (n=79)	Urban (n=40)	Rural (n=39)
'AIDS is very common'	31	39.2	52.5	25.7
'AIDS is somewhat common'	43	54.4	42.5	66.7
'AIDS is not common'	5	6.3	5.0	7.7

Table A.7.3
Percent Distribution of Communities Where Seek help if Ill with AIDS by Locality Classification

Where to go for help	n	Total (n=79)	Urban (n=40)	Rural (n=39)
Family	8	10.1	7.5	12.8
Traditional healer	8	10.1	2.5	17.9
Clinic	68	86.1	85.0	87.2
Church	3	3.8	7.5	0.0
AIDS organisation	3	3.8	7.5	0.0
Number Missing	0	0	0	0

Table A.7.4
Frequency of deaths among young fathers in community in Past 12 months Based on Informant Perceptions

Categories**	n	Total (n=71)	Urban (n=39)	Rural (n=32)
At least one	71	100.0	100.0	100.0
Among communities with at least one death				
Five or more	55	77.5	87.2	65.6
Ten or more	39	54.9	74.4	31.3
Twenty or more	20	28.2	43.6	9.4
No. Communities with no information	8	8	1	7

Table A.7.5
Community Suggestions for What can be done to improve care for those who were perceived to be ill with AIDS

Suggestions	N	Total (n=79)	Urban (n=40)	Rural (n=39)
Admit to hospital	15	19.0	10.0	28.2
Community hospice care	19	24.1	17.5	30.8
Financial assistance	29	36.7	37.5	35.9
Home visits by health workers	19	24.1	25.0	23.1
Provide medicines	31	39.2	25.0	53.8
Support groups	15	19.0	12.5	25.6
Help with Schooling for children	19	24.1	10.0	38.5
Family needs to take better care	21	26.6	27.5	25.7

More than one suggestion may be offered in a single community

Table A.7.6
What has been done to help prevent spread of HIV/AIDS in community

Prevention activities	N	Total (n=79)	Urban (n=40)	Rural (n=39)
Nothing has been done	27	34.2	30.0	38.5
Information campaigns	33	41.8	52.5	30.8
School-based programs	5	6.3	5.0	7.7
Programs for youth	8	10.1	12.5	7.7
Programs for women	1	1.3	2.5	0.0
Condom distribution	7	8.9	17.5	0.0
Church-based programs	3	3.8	5.0	2.6
Counselling programs	6	7.6	7.5	7.7

Appendix B: Questionnaires

Community Schedule
Household Form
Individual Form

QUESTIONNAIRE SERIAL NO: [__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2000
COMMUNITY SCHEDULE - ENGLISH

IDENTIFICATION

CO1 NAME OF COMMUNITY _____

C02 PROVINCE _____

C03 DISTRICT _____

C04 CLUSTER NUMBER _____

C[ ][ ]ntrality Code* (Supervisor will assign centrality code)

CO6. INTERVIEWER VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY / MO. / YR. /__/__/__/__/	DAY / MO. / YR. /__/__/__/__/	DAY / MO. / YR. /__/__/__/__/	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	
INTERVIEWER ID.NO.	|__|__|__|	|__|__|__|	|__|__|__|	INTERV.ID.NO. [ ][ ][ ]
RESULT**	_____	_____	_____	RESULT [ ]
NEXT VISIT: DATE	/__/__/__/__/	/__/__/__/__/		TOTAL NO. OF VISITS [ ]
TIME				

**RESULT CODES:

1 COMPLETED
2 SUITABLE INFORMANTS COULD NOT BE LOCATED
4 REFUSED
5 PARTLY COMPLETED
9 OTHER (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	
[ ][ ] _____ [ ] [ ]	NAME _____ [ ]	[ ][ ]	[ ]
DATE _____	DATE _____		

*CENTRALITY CODES

1 Areas w/in Lusaka city
2 Areas w/in Ndola city
3 Areas w/in Kitwe city
4 Areas w/in 50 KM of Lusaka, Ndola, or Kitwe
5 Areas w/in provincial capitals
6 Areas w/in 30 KM Southern to Copperbelt line of rail
7 Areas w/in 30 KM along Northern line of rail
8 Areas w/in 30 KM of provincial capitals
9 Areas w/in district centres
10 Areas w/in 30 KM of district centres
11 Remote areas

READ THE FOLLOWING GREETING:

Hello. I am representing the Central Statistics Office. We are carrying out a survey of communities to get information about the health situation and related services that are available to these communities. I would like to ask you some questions about your community and how it has been affected by AIDS, as a way of better understanding how to help those in need of assistance. Please be assured that this discussion is strictly confidential. May I continue?

1. INFORMANT INFORMATION

No.	QUESTION	CODES	GO TO
101	PERMISSION RECEIVED TO CONTINUE?	YES ..... 1 NO 2	➜STOP
102	LANGUAGE OF INTERVIEW	[LOCAL LANGUAGE]_____ 1 ENGLISH ..... 2 OTHER (SPECIFY)_____ 3	
103	TYPE OF INFORMANT.	IMPORTANT ELDERS ..... 1 GOVERNMENT OFFICIALS ..... 2 WOMEN=S GROUP ..... 3 VILLAGE HEALTH COMMITTEE ..... 4 CHURCH LEADERS ..... 5 TRADITIONAL HEALER ..... 6 VILLAGE HEALTH WORKERS ..... 7 YOUTH ..... 8 OTHER 9	
104	SEX OF INFORMANT	MALE ..... 1 FEMALE 2	

2. GENERAL COMMUNITY INFORMATION

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	CLUSTER CLASSIFICATION (BASED ON CSO CODES. OBTAIN CLASSIFCATION FROM SUPERVISOR: URBAN = 1-3 SEMI-URBAN =4-5 RAIL = 6-7 RURAL = 8-10 REMOTE = 11)	URBAN ..... 1 SEMI-URBAN ..... 2 RAIL CORRIDOR ..... 3 RURAL ..... 4 REMOTE 5	
202	What is the main access route to this community?	ALL YEAR ROAD ..... 1 SEASONAL ROAD ..... 2 RAIL LINE ..... 3 WATERWAY ..... 4 PATH ..... 5 OTHER (SPECIFY)_____ 6	
203	What are the main economic activities in this community? (CIRCLE ALL THAT ARE MENTIONED.)	AGRICULTURE ..... A LIVESTOCK ..... B FISHING ..... C COMMERCE ..... D MANUFACTURING ..... E OTHER (SPECIFY)_____ X	
204	Is a special market held in this community every week (or every month, or at other regular intervals)?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
205	Do people from other communities come here often to buy and sell goods or livestock?	YES ..... 1 NO ..... 2 DON'T KNOW 9	

206	What is the name of the nearest town or city?	_____	
207	Which is the most common type of transportation used to go to the nearest town or city?	CAR/TRUCK ..... 1 BUS ..... 2 MOTORCYCLE ..... 3 BICYCLE ..... 4 ANIMAL ..... 5 WALKING ..... 6 OTHER (PECIFY)_____7	 →301 →301 →301 →301
208	How often is this type of transportation available?	MORE THAN ONCE A DAY ..... 1 ONCE A DAY ..... 2 MORE THAN ONCE A WEEK ..... 3 ONCE A WEEK ..... 4 SEASONALLY ..... 5 OTHER (SPECIFY))_____6	

3. COMMUNITY HEALTH PROBLEMS AND AIDS ASSISTANCE

301	What are the main health problems in this community? (CIRCLE ALL THAT APPLY.)	AIDS ..... A MALARIA ..... B TB ..... C DIARRHEAL DISEASE ..... D RESPIRATORY INFECTION ..... E HEART DISEASE ..... F MEASLES ..... G CANCER ..... H MALNUTRITION ..... I PERI/NEO-NATAL DEATH ..... J MATERNAL DEATH ..... K ANAEMIA ..... L MENINGIS ..... M OTHER(SPECIFY)_____X DON=T KNOW ..... Z	
302	Is AIDS common in your community?	VERY COMMON ..... 1 SOMEWHAT COMMON ..... 2 NOT COMMON ..... 3 DON=T KNOW 9	
303	Approximately how many people in this community have died from AIDS in the past 12 months?	NUMBER OF DEATHS ..... ☐☐ NONE ..... 00 DON=T KNOW 98	
304	Where does a person go for help when he or she becomes ill with AIDS? Anywhere else? (CIRCLE ALL THAT APPLY.)	FAMILY ..... A TRAD. HEALERS ..... B CLINIC ..... C CHURCH ..... D AIDS ORGANIZATION ..... E NGO ..... G NOWHERE TO GO ..... H OTHER (SPECIFY) _____X DON=T KNOW ..... Z	
305	Has it happened often in this community that a young man has died, leaving his wife and their children (under 15 years of age) in the household? (NOTE: "YOUNG MAN" MEANS A MAN UNDER 50 YEARS)	YES ..... 1 NO ..... 2 DON=T KNOW 9	 →309 →309
306	How often has this occurred in the past 12 months?	NO. OF TIMES ..... ☐☐ DON=T KNOW 98	
307	Was assistance available for any of the families, before or after the death?	YES ..... 1 NO ..... 2 DON=T KNOW 9	 →309 →309

308	What sort of assistance? (CIRCLE ALL THAT APPLY.)	COUNSELING .....A MONEY..... B EXTRA FOOD .....C FREE MEDICINE.....D HOME-BASED CARE FOR ILL PERSON ..... E HELP WITH CHILD CARE..... F SCHOOL FEES ..... G INCOME-GENERATING PROJECTS.....H MICRO-CREDIT SCHEMES .....I HELP WITH HOUSEWORK..... J HELP WITH FOOD PREPARATION .....K SPIRITUAL /RELIGIOUS/SUPPORT..... L SUPPORT GROUP ..... M HOSPICE..... N OTHER (SPECIFY)_____X DON=T KNOW..... Z	
309	Has it happened in this community that both the mother and the father died, leaving only children under 15 years of age in the household?	YES .....1 NO .....2 DON=T KNOW.....9	→313 →313
310	How often has [ ][ ]ened in the past 12 months?	NO. OF TIMES..... NONE.....00 DON=T KNOW.....98	
311	Was assistance available for any of the families, before or after the death occurred?	YES .....1 NO .....2 DON=T KNOW.....9	→313 →313
312	What sort of assistance was available for these families? (CIRCLE ALL THAT APPLY.)	COUNSELING .....A MONEY.....B EXTRA FOOD .....C FREE MEDICINE.....D HOME-BASED CARE FOR ILL PERSON .....E HELP WITH CHILD CARE.....F SCHOOL FEES ..... G INCOME-GENERATING PROJECTS.....H MICRO-CREDIT SCHEMES .....I HELP WITH HOUSEWORK..... J HELP WITH FOOD PREPARATION .....K SPIRITUAL /RELIGIOUS/SUPPORT..... L SUPPORT GROUP ..... M HOSPICE.....N OTHER (SPECIFY)_____X DON=T KNOW.....Z	
313	What can be done to improve care for persons who are sick with AIDS and their families? (CIRCLE ALL THAT ARE MENTIONED.)	ADMIT TO HOSPITAL .....A CARE OF TRAD.HEALER .....B SET UP COMMUNITY HOSPICE CARE.....C FINANCIAL ASSISTANCE.....D HOME VISITS BY HEALTH WORKERS .....E PROVIDE MEDICINES .....F SUPPORT GROUPS..... G SCHOOLING FOR CHILDREN.....H FAMILY NEEDS TO TAKE BETTER CARE .....I OTHER (SPECIFY)_____X DON'T KNOW.....Z	
314	Has this community done anything specifically to prevent spread of HIV/AIDS?	YES .....1 NO .....2 DON=T KNOW 9	→316 →316

315	What has been done? Anything else? (CIRCLE ALL THAT ARE MENTIONED.)	EDUCATIONAL CAMPAIGNS..... A EDUCATION IN SCHOOLS..... B YOUTH PROGRAMS..... C WOMEN=S PROGRAMS..... D CONDOM DISTRIBUTION ..... E CHURCH GROUP PROGRAMS ..... F COUNSELING PROGRAMS ..... G OTHER (SPECIFY)_____X DON'T KNOW ..... Z	
316	Is there an AIDS Committee in this community?	YES..... 1 NO ..... 2 DON=T KNOW 9	→318 →318
317	Is it active?	YES..... 1 NO ..... 2 DON=T KNOW 9	
318	Is education about AIDS provided in the schools?	YES..... 1 NO ..... 2 DON=T KNOW 9	
319	Are the health workers promoting HIV prevention and safe sex?	YES..... 1 NO ..... 2 DON=T KNOW 9	
320	Are condoms available in the health clinic?	YES..... 1 NO ..... 2 DON=T KNOW 9	
321	Are condoms available in the shops?	YES..... 1 NO ..... 2 DON=T KNOW 9	
322	Are condoms available in all bars, or in some bars?	ALL ..... 1 SOME ..... 2 NONE ..... 3 DON=T KNOW 9	
323	Are traditional healers active in HIV prevention?	YES..... 1 NO ..... 2 DON=T KNOW 9	
324	If a person wanted to know whether he or she has HIV, where can he or she go? Anywhere else? (MORE THAN ONE ANSWER POSSIBLE. CIRCLE ALL THAT APPLY.)	HEALTH FACILITY ..... A VCT CENTRE ..... B NOWHERE TO GO..... C OTHER (SPECIFY)_____X DON'T KNOW ..... Z	→**SECT** 4 →**SECT** 4
325	Is this place located in this community? IF NO: How far away?	IN THIS COMMUNITY ..... 1 _____ KM FROM HERE ..... 2 DON=T KNOW 9	→**SECT** 4
326	Do you think that good services are provided at this place?	YES..... 1 NO ..... 2 DON=T KNOW 9	→**SECT** 4 →**SECT** 4
327	IF Q327 IS NO, ASK : Why not? (MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.)	OPENING TIMES INCONVENIENT ..... A TOO FAR AWAY..... B COSTLY ..... C POOR SERVICES..... D LONG WAITING TIME..... E LACK OF CONFIDENTIALITY..... F POOR TESTING/FALSE RESULTS..... G OTHER (SPECIFY)_____X DON'T KNOW ..... Z	

4A. SOURCES OF ASSISTANCE FOR PWA

Now, I would like to ask you about where people in this community can get help when they are sick with AIDS. Please mention all sources of assistance, including organizations, health institutions, and individuals who may provide such assistance in this community. I will start by asking you about organizations, and the type of help they give. Then I will ask you about individuals, such as friends, family members, and relatives, and the type of help they give.

401. Which organizations in this community provide help to people with AIDS?	**402. What kind of organization is this?**	**403. How helpful is this assistance?**	**404. What type of help do they give?** **READ OUT**
1. _____ _____	NGO ..... 1 WOMEN=S GROUP ..... 2 CHURCH SUPPORT GROUP..... 3 OTHER CBO..... 4 GOVT HEALTH FACILITY STAFF ..... 5 PRIVATE HEALTH FACILITY STAFF ..... 6 OTHER GOVT ORG..... 7 TRAD. HEALERS ..... 8 OTHER (SPECIFY)_____9	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO COUNSELING..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY..... 1 2 INCOME-GENERATING PROJ ..... 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER GROUP..... 1 2 SUPPORT GROUP..... 1 2 OTHER (SPECIFY)_____1 2
2. _____ _____	NGO ..... 1 WOMEN=S GROUP ..... 2 CHURCH SUPPORT GROUP..... 3 OTHER CBO..... 4 GOVT HEALTH FACILITY STAFF ..... 5 PRIVATE HEALTH FACILITY STAFF ..... 6 OTHER GOVT ORG..... 7 TRAD. HEALERS ..... 8 OTHER (SPECIFY)_____9	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO COUNSELING..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY..... 1 2 INCOME-GENERATING PROJ ..... 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER GROUP..... 1 2 SUPPORT GROUP..... 1 2 OTHER (SPECIFY)_____1 2
3. _____ _____	NGO ..... 1 WOMEN=S GROUP ..... 2 CHURCH SUPPORT GROUP..... 3 OTHER CBO..... 4 GOVT HEALTH FACILITY STAFF ..... 5 PRIVATE HEALTH FACILITY STAFF ..... 6 OTHER GOVT ORG..... 7 TRAD. HEALERS ..... 8 OTHER (SPECIFY)_____ 9	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO COUNSELING..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY..... 1 2 INCOME-GENERATING PROJ ..... 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER GROUP..... 1 2 SUPPORT GROUP..... 1 2 OTHER (SPECIFY)_____1 2
4. _____ _____	NGO .....1 WOMEN=S GROUP .....2 CHURCH SUPPORT GROUP.....3 OTHER CBO .....4 GOVT HEALTH FACILITY STAFF.....5 PRIVATE HEALTH FACILITY STAFF.....6 OTHER GOVT ORG .....7 TRAD. HEALERS .....8 OTHER (SPECIFY)_____ 9	A LOT..... 1 A LITTLE..... 2 NOT AT ALL ..... 3 DON'T KNOW..... 9	YES NO COUNSELING..... 1 2 EDUCATION ..... 1 2 FREE MEDICINE ..... 1 2 EXTRA FOOD ..... 1 2 MONEY..... 1 2 INCOME-GENERATING PROJ ..... 1 2 MICRO-CREDIT SCHEME ..... 1 2 HOME-BASED CARE ..... 1 2 PRAYER GROUP..... 1 2 SUPPORT GROUP..... 1 2 OTHER (SPECIFY)_____1 2

5. _____ _____	NGO ..... 1 WOMEN=S GROUP ..... 2 CHURCH SUPPORT GROUP..... .3 OTHER CBO..... 4 GOVT HEALTH FACILITY STAFF ..... 5 PRIVATE HEALTH FACILITY STAFF ..... 6 OTHER GOVT ORG..... 7 TRAD. HEALERS ..... 8 OTHER (SPECIFY)_____9	A LOT .....1 A LITTLE .....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO COUNSELING .....1 2 EDUCATION.....1 2 FREE MEDICINE.....1 2 EXTRA FOOD.....1 2 MONEY .....1 2 INCOME-GENERATING PROJ.....1 2 MICRO-CREDIT SCHEME.....1 2 HOME-BASED CARE.....1 2 PRAYER GROUP .....1 2 SUPPORT GROUP .....1 2 OTHER (SPECIFY)_____1 2
6. _____ _____	NGO ..... 1 WOMEN=S GROUP ..... 2 CHURCH SUPPORT GROUP..... .3 OTHER CBO..... 4 GOVT HEALTH FACILITY STAFF ..... 5 PRIVATE HEALTH FACILITY STAFF ..... 6 OTHER GOVT ORG..... 7 TRAD. HEALERS ..... 8 OTHER (SPECIFY) _____9	A LOT .....1 A LITTLE .....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO COUNSELING .....1 2 EDUCATION.....1 2 FREE MEDICINE.....1 2 EXTRA FOOD.....1 2 MONEY .....1 2 INCOME-GENERATING PROJ.....1 2 MICRO-CREDIT SCHEME.....1 2 HOME-BASED CARE.....1 2 PRAYER GROUP .....1 2 SUPPORT GROUP .....1 2 OTHER (SPECIFY)_____1 2
7. _____ _____	NGO ..... 1 WOMEN=S GROUP ..... 2 CHURCH SUPPORT GROUP..... .3 OTHER CBO..... 4 GOVT HEALTH FACILITY STAFF ..... 5 PRIVATE HEALTH FACILITY STAFF ..... 6 OTHER GOVT ORG..... 7 TRAD. HEALERS ..... 8 OTHER (SPECIFY)_____9	A LOT .....1 A LITTLE .....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO COUNSELING .....1 2 EDUCATION.....1 2 FREE MEDICINE.....1 2 EXTRA FOOD.....1 2 MONEY .....1 2 INCOME-GENERATING PROJ.....1 2 MICRO-CREDIT SCHEME.....1 2 HOME-BASED CARE.....1 2 PRAYER GROUP .....1 2 SUPPORT GROUP .....1 2 OTHER (SPECIFY)_____1 2
8. _____ _____	NGO ..... 1 WOMEN=S GROUP ..... 2 CHURCH SUPPORT GROUP..... .3 OTHER CBO..... 4 GOVT HEALTH FACILITY STAFF ..... 5 PRIVATE HEALTH FACILITY STAFF ..... 6 OTHER GOVT ORG..... 7 TRAD. HEALERS ..... 8 OTHER (SPECIFY)_____9	A LOT .....1 A LITTLE .....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO COUNSELING .....1 2 EDUCATION.....1 2 FREE MEDICINE.....1 2 EXTRA FOOD.....1 2 MONEY .....1 2 INCOME-GENERATING PROJ.....1 2 MICRO-CREDIT SCHEME.....1 2 HOME-BASED CARE.....1 2 PRAYER GROUP .....1 2 SUPPORT GROUP .....1 2 OTHER (SPECIFY)_____1 2

4B. INDIVIDUALS PROVIDING PERSONAL ASSISTANCE TO PWA

Now, I would like to ask you about individuals, including friends, family members, and relatives, and the type of help they give to people with AIDS.

405. What individuals in this community provide help to people with AIDS?	**406. RECORD TYPE OF INDIVIDUAL**	**407. How helpful is this assistance?**	**408. What type of help do they give?** **READ OUT**
1. _____ _____	FAMILY .....1 FRIENDS .....2 NEIGHBORS .....3 OTHER (SPECIFY)_____ 4	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO EXTRA FOOD.....1 2 CHILD CARE .....1 2 FOOD PREPARATION.....1 2 HOUSEWORK.....1 2 MONEY .....1 2 EMOTIONAL SUPPORT .....1 2 OTHER(SPECIFY)_____1 2
2. _____ _____	FAMILY .....1 FRIENDS .....2 NEIGHBORS .....3 OTHER (SPECIFY)_____ 4	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO EXTRA FOOD.....1 2 CHILD CARE .....1 2 FOOD PREPARATION.....1 2 HOUSEWORK.....1 2 MONEY .....1 2 EMOTIONAL SUPPORT .....1 2 OTHER(SPECIFY)_____1 2
3. _____ _____	FAMILY .....1 FRIENDS .....2 NEIGHBORS .....3 OTHER (SPECIFY)_____ 4	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO EXTRA FOOD.....1 2 CHILD CARE .....1 2 FOOD PREPARATION.....1 2 HOUSEWORK.....1 2 MONEY .....1 2 EMOTIONAL SUPPORT .....1 2 OTHER(SPECIFY)_____1 2
4. _____ _____	FAMILY .....1 FRIENDS .....2 NEIGHBORS .....3 OTHER (SPECIFY)_____ 4	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO EXTRA FOOD.....1 2 CHILD CARE .....1 2 FOOD PREPARATION.....1 2 HOUSEWORK.....1 2 MONEY .....1 2 EMOTIONAL SUPPORT .....1 2 OTHER(SPECIFY)_____1 2
5. _____ _____	FAMILY .....1 FRIENDS .....2 NEIGHBORS .....3 OTHER (SPECIFY)_____ 4	A LOT.....1 A LITTLE.....2 NOT AT ALL .....3 DON'T KNOW 9	YES NO EXTRA FOOD.....1 2 CHILD CARE .....1 2 FOOD PREPARATION.....1 2 HOUSEWORK.....1 2 MONEY .....1 2 EMOTIONAL SUPPORT .....1 2 OTHER(SPECIFY)_____1 2

500. Any suggestions for what can be done to improve care for families and persons who are sick with AIDS?

(CIRCLE ALL RESPONSES GIVEN)

Increase number of counselors……..A
Increase number of counseling centers……B
Involve traditional leaders……C
Create more care facilities/orphanages……D
Provide more food……E
Provide clothing……F
Educational fees……G
Consolidate educational campaigns ……..H
Provision of medicine……..I
Provide financial resources……J
OTHER (SPECIFY)_____X

THANK RESPONDENTS AND END THE INTERVIEW

QUESTIONNAIRE SERIAL NO: [__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2000
PART A: HOUSEHOLD FORM - ENGLISH

IDENTIFICATION

Q01 NAME OF COMMUNITY

Q02 PROVINCE

Q03 DISTRICT

Q04 CLUSTER NUMBER

Q05 HOUSEHOLD NUMBER

Q07 Centrality Code* (supervisor will assign centrality code)

Q08 RESIDENCE: RURAL =1
URBAN = 2

Q09 NAME OF HOUSEHOLD HEAD_____

Q1O. INTERVIEW VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/MO./YR.	DAY/MO./YR.	DAY/MO./YR.	DAY MONTH YEAR
INTERVIEWR` INTERVIEWER ID. RESULT**				INTERV.ID.NO. RESULT
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS

**RESULT CODES:

1 COMPLETED
2 SUITABLE INFORMANTS COULD NOT BE LOCATED
3 INCAPACITATED
4 REFUSED
5 PARTLY COMPLETED
9 OTHER
(SPECIFY)

SUPERVIS	OFFICE EDITOR	KEYED BY
NAME_____ DATE_____		

*CENTRALITY CODES

1	Areas w/in Lusaka city	7	Areas w/in 30 KM along Northern line of rail
2	Areas w/in Ndola city	8	Areas w/in 30 KM of provincial capitals
3	Areas w/in Kitwe city	9	Areas w/in District centres
4	Areas w/in 50 KM of Lusaka, Ndola, or Kitwe	10	Areas w/in 30 KM of district centres
5	Areas w/in provincial capitals	11	Remote areas
6	Areas w/in 30 KM Southern to Copperbelt line of rail		

HOUSEHOLD ROSTER AND SELECTION OF INDIVIDUALS

Hello my name is _____ I am working with Central Statistical Office in Collaboration with Ministry of Health, collecting information about the people who usually live in your household or who are staying with you now. The information is to help us get a better idea about the health situation in your area. Any information you share is completely confidential and your name or names of household members will not be shared with anyone or attached to information you give. Please may I proceed with the interview? IF YES, CONTINUE. INTERVIEWER SIGN HERE TO ACKNOWLEDGE THAT CONSENT WAS GIVEN _____Date_____].

First, please give me the names of the persons who usually live in your household **or** who stayed here last night, starting with the head of the household.

FIRST RECORD ALL NAMES STARTING WITH THE HEAD. PROBE FOR EVERYONE IN THE HOUSEHOLD, NOT JUST FAMILY MEMBERS, but SERVANTS, LODGERS, ETC.

THEN ASK THE QUESTIONS FROM COLUMNS 3-7 FOR THE HOUSEHOLD HEAD. NEXT, REPEAT THESE QUESTIONS FOR EACH PERSON WHO USUALLY LIVES HERE OR STAYED HERE LAST NIGHT NOTING THE INSTRUCTIONS IN COLUMNS 8-12.

	USUAL RESIDENTS AND VISITORS	**RELATION-SHIP TO THE HEAD OF HOUSEHOLD**	**SEX**	**AGE**	**RESIDENCE**		**IF AGE < 15, ASK Q. 8-11 PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD (REFERS TO BIOLOGICAL PARENTS; RECORD 00 IN COL. 9 OR COL. 11 IF PARENT IS NOT A MEMBER OF HOUSEHOLD)**				**ASK Q 12 IF AGE 6-20**	**ELIGIB-ILITY**
LINE NO.	Please give me the names of persons who usually live in your household or who stayed here last night. *PROBE FOR EVERYONE IN HOUSEHOLD*	What is the relationship of [NAME] to the head of the household?*	Is [NAME] male or female?	How old is [NAME]? IF LESS THAN ONE YEAR, ENTER 00.	Does [NAME] usually live here?	Did [NAME] stay here last night?	Is [NAME's] natural or "birth" mother alive?	IF ALIVE Does [NAME'S} natural mother live in this household? [If YES:] What is her name? CHECK Q1 AND RECORD MOTHER'S LINE NUMBER.	Is [NAME's] natural father alive?	IF ALIVE Does [NAME'S} natural father live in this household? If YES: What is his name? CHECK Q1 AND RECORD FATHER'S LINE NUMBER.	Does [NAME] attend school?	CIRCLE LINE NUMBERS OF ALL PERSONS AGED 15-59 YEARS.
(1)	**(2)**	**(3)***	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**	**(11)**	**(12)**	**(13)**
01		[__|__]	M F 1 2	[__|__]	Yes No 1 2	Yes No 1 2	Yes No 1 2	[__|__]	Yes No 1 2	[__|__]	Yes No 1 2	01
02		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	02
03		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	03

* Q.3 CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD

01= HEAD
02= WIFE / HUSBAND
03= SON / DAUGHTER
04= SON-IN-LAW OR DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
09= CO-WIFE
10= OTHER RELATIVE
11= ADOPTED/FOSTER/STEP CHILD
12= NOT RELATED
98= DON'T KNOW

Household Eligibility Schedule, continued

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATION-SHIP TO THE HEAD OF HOUSEHOLD	SEX	AGE	RESIDENCE		IF AGE <15, ASK Q. 8-11 PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD (REFERS TO BIOLOGICAL PARENTS; RECORD 00 IN COL. 9 OR COL. 11 IF PARENT IS NOT A MEMBER OF HOUSEHOLD)				ASK Q 12 IF AGE 6-20	ELIGIB-ILITY
LINE NO.	Please give me the names of persons who usually live in your household or who stayed here last night. *PROBE FOR EVERYONE IN HOUSEHOLD*	What is the relationship of [NAME] to the head of the household?*	Is [NAME] male or female ?	How old is [NAME]? IF LESS THAN ONE YEAR, ENTER 00.	Does [NAME] usually live here?	Did [NAME] stay here last night?	Is [NAME's] natural or "birth" mother alive?	IF ALIVE Does [NAME'S} natural mother live in this household? [If YES:] What is her name? CHECK Q1 AND RECORD MOTHER'S LINE NUMBER.	Is [NAME's] natural father alive?	IF ALIVE Does [NAME'S} natural father live in this household? If YES: What is his name? CHECK Q1 AND RECORD FATHER'S LINE NUMBER.	Does [NAME] attend school?	CIRCLE LINE NUMBERS OF ALL PERSONS AGED 15-59 YEARS.
(1)	**(2)**	**(3)***	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**	**(11)**	**(12)**	**(13)**
04		[__|__]	M F 1 2	[__|__]	Yes No 1 2	Yes No 1 2	Yes No 1 2	[__|__]	Yes No 1 2	[__|__]	Yes No 1 2	04
05		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	05
06		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	06
07		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	07
08		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	08
09		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	09
10		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	10
11		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	11

* Q.3 CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD

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04= SON-IN-LAW OR DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
09= CO-WIFE
10= OTHER RELATIVE
11= ADOPTED/FOSTER/STEP CHILD
12= NOT RELATED
98= DON'T KNOW

Household Eligibility Schedule, continued

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATION-SHIP TO THE HEAD OF HOUSEHOLD	SEX	AGE	RESIDENCE		IF AGE <15, ASK Q. 8-11 PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD (REFERS TO BIOLOGICAL PARENTS; RECORD 00 IN COL. 9 OR COL. 11 IF PARENT IS NOT A MEMBER OF HOUSEHOLD)				ASK Q 12 IF AGE 6-20	ELIGIB-ILITY
LINE NO.	Please give me the names of persons who usually live in your household or who stayed here last night. *PROBE FOR EVERYONE IN HOUSEHOLD*	What is the relationship of [NAME] to the head of the household?*	Is [NAME] male or female ?	How old is [NAME]? IF LESS THAN ONE YEAR, ENTER 00.	Does [NAME] usually live here?	Did [NAME] stay here last night?	Is [NAME's] natural or "birth" mother alive?	IF ALIVE Does [NAME'S} natural mother live in this household? [If YES:] What is her name? CHECK Q1 AND RECORD MOTHER'S LINE NUMBER.	Is [NAME's] natural father alive?	IF ALIVE Does [NAME'S} natural father live in this household? If YES: What is his name? CHECK Q1 AND RECORD FATHER'S LINE NUMBER.	Does [NAME] attend school?	CIRCLE LINE NUMBERS OF ALL PERSONS AGED 15-59 YEARS.
(1)	**(2)**	**(3)***	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**	**(11)**	**(12)**	**(13)**
12		[__|__]	M 1 F 2	[__|__]	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	[__|__]	Yes 1 No 2	[__|__]	Yes 1 No 2	12
13		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	13
14		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	14
15		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	15
16		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	16
17		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	17
18		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	18
19		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	19
20		[__|__]	1 2	[__|__]	1 2	1 2	1 2	[__|__]	1 2	[__|__]	1 2	20

* Q.3 CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD

01= HEAD
02= WIFE / HUSBAND
03= SON / DAUGHTER
04= SON-IN-LAW OR DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
09= CO-WIFE
10= OTHER RELATIVE
11= ADOPTED/FOSTER/STEP CHILD
12= NOT RELATED
98= DON'T KNOW

Household Schedule: Care and Support

Now I would like to ask you a few more questions about your household.

No.	Questions and filters	Coding categories	Skip to
H14	Think back over the past 12 months. Has anyone who lived in this household <u>died</u> in the last 12 months?	YES.....1 NO.....2 DON'T KNOW 98	 ➔ H20 ➔ H20
H15	How many household members died in the past 12 months?	NO. OF PERSONS WHO DIED ..... [__|__]	

H16-H19 DEAL WITH ONE PERSON AT A TIME, STARTING WITH THE MOST RECENT DEATH.

		Most recent death	Next-to-last death	Second-to-last death
H16	What was the name of the person who died?			
H16a	What was your relationship to [the person who died] ?	WIFE / HUSBAND.....1 SON / DAUGHTER.....2 SON-IN-LAW / DAUGHTER-IN-LAW.....3 PARENT.....4 PARENT-IN-LAW .....5 BROTHER / SISTER) .....6 CO-WIFE.....7 OTHER RELATIVE.....8 NOT RELATED .....9 DON'T KNOW 98	WIFE / HUSBAND..... 1 SON / DAUGHTER ..... 2 SON-IN-LAW / DAUGHTER-IN-LAW ..... 3 PARENT ..... 4 PARENT-IN-LAW ..... 5 BROTHER / SISTER) ..... 6 CO-WIFE ..... 7 OTHER RELATIVE ..... 8 NOT RELATED ..... 9 DON'T KNOW 98	WIFE / HUSBAND .....1 SON / DAUGHTER.....2 SON-IN-LAW / DAUGHTER-IN-LAW .....3 PARENT .....4 PARENT-IN-LAW.....5 BROTHER / SISTER) .....6 CO-WIFE .....7 OTHER RELATIVE .....8 NOT RELATED.....9 DON'T KNOW.....98
H17	How old was [the person who died]? (IF MORE THAN ONE DEATH: How old was [the person who died most recently] (RECORD 00 IF AGE IS LESS THAN ONE YEAR.)	AGE ..... [__|__] DON'T KNOW 98	AGE ..... [__|__] DON'T KNOW 98	AGE.....[__|__] DON'T KNOW.....98
H18	From what cause did this person die?	AIDS.....1 TB .....2 OTHER INFECTIOUS DISEASE .....3 MALNUTRITION.....4 MATERNAL DEATH.....5 VIOLENCE/INJURIES ..... 6 HEARTDISEASE / CANCER / STROKE .....7 ANAEMIA .....8 MALARIA .....9 MENINGITIS ..... 10 DIARRHOEA.....11 OTHER.....12 DON'T KNOW 98	AIDS ..... 1 TB ..... 2 OTHER INFECTIOUS DISEASE ..... 3 MALNUTRITION ..... 4 MATERNAL DEATH..... 5 VIOLENCE/INJURIES..... 6 HEARTDISEASE / CANCER / STROKE..... 7 ANAEMIA..... 8 MALARIA ..... 9 MENINGITIS ..... 10 DIARRHOEA..... 11 OTHER ..... 12 DON'T KNOW 98	AIDS .....1 TB.....2 OTHER INFECTIOUS DISEASE.....3 MALNUTRITION .....4 MATERNAL DEATH .....5 VIOLENCE/INJURIES..... 6 HEARTDISEASE / CANCER / STROKE .....7 ANAEMIA .....8 MALARIA.....9 MENINGITIS..... 10 DIARRHOEA .....11 OTHER.....12 DON'T KNOW.....98
H19	For how many months had he/she been sick before he/she died? (RECORD 00 IF DURATION LESS THAN ONE MONTH OR IF RESPONSE IS THAT HE/SHE "WAS NOT SICK")	MONTHS..... [__|__] DON'T KNOW 98	MONTHS ..... [__|__] DON'T KNOW 98	MONTHS .....[__|__] DON'T KNOW.....98

No.	Questions and filters	Coding categories	Skip to
H20	Among the persons now living in this household, has anyone been very sick for at least three months during the past year (12 months)?	YES ..... 1 NO 2	→ H21F
H21	How old is this person? Any others? How old is Person B? How old is Person C?	PERSON A: YEARS ..... |__|__| PERSON B: YEARS ..... |__|__| PERSON C: YEARS ..... |__|__|	
	MARK AN "X" IN AN APPROPRIATE BOX BELOW:		
H21F	CHECK H14 AND H20 DEATH OR ILLNESS FOR AT LEAST 3 MONTHS ☐	NO DEATH OR ILLNESS FOR AT LEAST 3 MONTHS ☐ →	H24F
H22	CHECK H14 AND H20 TO SEE IF ANYONE HAS DIED OR HAS BEEN ILL FOR AT LEAST 3 MONTHS). IF YES: Has your household received any care or assistance from outside the household in relation to the illness/death in your household?	YES ..... 1 NO ..... 2 DON'T KNOW 98	→ H24F → H24F
H23	What kind of help did you receive? (READ OUT. MULTIPLE ANSWERS POSSIBLE.)	YES NO COUNSELING ..... 1 2 FREE MEDICINES ..... 1 2 EXTRA FOOD ..... 1 2 MONEY ..... 1 2 OTHER (SPECIFY)_____ 1 2	
H24	Who provided the help? Anyone else? (CIRCLE ALL THAT APPLY. MORE THAN ONE ANSWER IS POSSIBLE.)	FRIENDS/RELATIVES ..... A HEALTH WORKER / HOSPITAL / CLINIC ..... B CHURCH ..... C COMMUNITY ORGANIZATION ..... D NON-GOVERNMENT ORGANIZATION (NGO) E TRADITIONAL HEALER ..... F WOMEN'S GROUP ..... G GOVERNMENT/SOCIAL SERVICES ..... H OTHER(SPECIFY)_____ X	
	MARK AN "X" IN AN APPROPRIATE BOX BELOW:		
H24F	CHECK IN THE HOUSEHOLD SCHEDULE (COLS 8 & 10 TO SEE IF THERE ARE ANY ORPHANS IN THE HOUSEHOLD) ☐	NO ORPHANS IN THE HOUSEHOLD ☐ →	END
H25	IF YES: In the last 12 months did you get any outside help for (NAME(s) OF ORPHANS)?	YES ..... 1 NO ..... 2 DON'T KNOW 98	→ END → END
H26	What kind of help did you receive? (READ OUT. MULTIPLE ANSWERS POSSIBLE.)	YES NO SCHOOL FEES ..... 1 2 CLOTHING ..... 1 2 FOOD ..... 1 2 MONEY ..... 1 2 OTHER (SPECIFY)_____ .1 2	

H27	Who provided the care or assistance? Anyone else? (CIRCLE ALL THAT APPLY. MORE THAN ONE ANSWER IS POSSIBLE.)	FRIENDS/RELATIVES ..... A HEALTH WORKER / HOSPITAL / CLINIC ..... B CHURCH..... C COMMUNITY ORGANIZATION ..... D NON-GOVERNMENT ORGANIZATION (NGO) E TRADITIONAL HEALER..... F WOMEN'S GROUP ..... G GOVERNMENT/SOCIAL SERVICES ..... H OTHER(SPECIFY) _____ X	

THANK THE RESPONDENT AND CHECK ELIGIBILITY. (ALL MEN AND WOMEN AGED 15-59 WHO ARE USUAL MEMBERS OF THE HOUSEHOLD, OR WHO STAYED THERE LAST NIGHT, ARE ELIGIBLE FOR INDIVIDUAL SURVEY.)

QUESTIONNAIRE SERIAL NO: [__|__|__|__]

CENTRAL STATISTICAL OFFICE
ZAMBIA SEXUAL BEHAVIOUR SURVEY 2000
PART B: INDIVIDUAL FORM - ENGLISH

IDENTIFICATION

Q01 NAME OF COMMUNITY

Q02 PROVINCE

Q03 DISTRICT

Q04 CLUSTER NUMBER

Q05 HOUSEHOLD NUMBER

Q06 Centrality Code* (supervisor will assign centrality code)

Q07 RESIDENCE: RURAL =1
URBAN = 2

Q08 NAME AND LINE NUMBER OF MAN/WOMAN_____

Q09. INTERVIEW VISITS

VISIT NO.	1	2	3	FINAL VISIT
DATE	DAY/MO./YR.	DAY/MO./YR.	DAY/MO./YR.	DAY MONTH YEAR
INTERVIEWR`S N. INTERVIEWER ID RESULT**				INTERV.ID.NO. RESULT
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS

**RESULT CODES:

1 COMPLETED
2 SUITABLE INFORMANTS COULD NOT BE LOCATED
3 INCAPACITATED
4 REFUSED
5 PARTLY COMPLETED
9 OTHER
(SPECIFY)

SUPERVIS	OFFICE EDITOR	KEYED BY
NAME_____ DATE_____		

*CENTRALITY CODES

1	Areas w/in Lusaka city	7	Areas w/in 30 KM along Northern line of rail
2	Areas w/in Ndola city	8	Areas w/in 30 KM of provincial capitals
3	Areas w/in Kitwe city	9	Areas w/in District centres
4	Areas w/in 50 KM of Lusaka, Ndola, or Kitwe	10	Areas w/in 30 KM of district centres
5	Areas w/in provincial capitals	11	Remote areas
6	Areas w/in 30 KM Southern to Copperbelt line of rail		

Section 1: Background characteristics

Hello, My name is _____I am working with the Central Statistical office in collaboration with Ministry of Health, collecting information pertaining to your health. Please be assured that this discussion is strictly confidential. May I continue?

First, I would like to ask some questions about you and your household.

No.	Questions and filters	Coding categories	Skip to
Q101	CIRCLE SEX OF THE RESPONDENT	MALE .....1 FEMALE.....2	
Q102	In what month and year were you born?	MONTH..... [__|__] DON'T KNOW MONTH .....98 YEAR ..... [__|__|__|__] DON'T KNOW YEAR.....9999	
Q103	How old were you at your last birthday? (COMPARE RESPONSE AND CORRECT Q102 IF NECESSARY.)	AGE IN COMPLETED YEARS ..... [__|__]	
Q104	Can you read and understand a letter or newspaper easily, with difficulty or not at all?	EASILY .....1 WITH DIFFICULTY .....2 NOT AT ALL.....3	
Q105	Have you ever attended school?	YES.....1 NO 2	➔Q108
Q106	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY .....2 HIGHER.....3	
Q107	How many years of education did you complete at that level?	YEARS COMPLETED..... [__|__]	
Q108	How long have you been living continuously in (NAME OF VILLAGE/TOWN/CITY)? (RECORD 00 IF LESS THAN 1 YEAR.)	YEARS.....[__|__]	
Q109	In the last <u>4 weeks</u>, how many nights in total have you slept in another location other than your home?	NUMBER OF NIGHTS SLEPT ELSEWHERE ..... [__|__]	
Q110	In the last 12 months, have you been away from your home community for more than 1 month altogether?	YES.....1 NO 2	
Q111	Have you ever taken an alcoholic drink?	YES.....1 NO 2	➔Q113
Q112	In the last 4 weeks, on how many days did you take an alcoholic drink?	NUMBER OF DAYS ..... [__|__]	

No.	Questions and filters	Coding categories	Skip to
Q113	What is your current employment / source of income? (ENTER CURRENT EMPLOYMENT / SOURCE OF INCOME IN SPACE PROVIDED. NUMERICAL CODES WILL BE ASSIGNED.)	SPECIFY_____ CODE..... |__|__|	
Q114	What is your religion? (ENTER CURRENT RELIGION. NUMERICAL CODES WILL BE ASSIGNED. IF NO RELIGION, RECORD 'NONE' AND SKIP TO 115)	SPECIFY_____ CODE..... |__|__|	
Q114A	ONLY IF RESPONDENT IDENTIFIES SELF IN Q114 AS MEMBER OF A CHURCH, ASK: In the last 12 months, have you attended church at least twice each month?	YES.....1 NO 2	
Q115	What tribe do you belong to? (ENTER GIVEN TRIBE. NUMERICAL CODES WILL BE ASSIGNED.)	SPECIFY_____ CODE..... |__|__|	

Section 2: Marriage and Cohabiting Partnerships

Now I would like to ask you some general questions about marriage and live-in partnerships.

No.	Questions and filters	Coding categories	Skip to
Q201	Have you *ever* been married or lived with a man/woman as if you were married?	YES.....1 NO 2	**→GO TO Section 3**
Q202	How old were you when you *first* married/started living with a man/woman?	AGE IN YEARS..... [__|__]	
Q203	Are you *currently* married or living together with a man/woman as if you are married?	YES, MARRIED.....1 YES, LIVING TOGETHER.....2 NO 3	→Q205 **→GOTO Section 3**
Q204	Does your husband/wife live with you or does he/she live somewhere else?	WITH RESPONDENT .....1 SOMEWHERE ELSE 2	
Q205	For how many years have you been married or living together as if you were married? (RECORD 00 IF LESS THAN ONE YEAR.)	YEARS..... [__|__]	
Q206	MEN: Do you have more than one wife or other partners who live with you? WOMEN: Does your husband have other wives or does he live with other partners?	YES.....1 NO 2	**→GO TO Section 3**
Q207	MEN: Altogether, how many wives or other partners live with you? WOMEN: Including yourself, how many wives or other partners live with your husband?	NO. OF WIVES/PARTNERS ..... [__|__]	

3. Sexual History and Behaviour

READ OUT:

I am going to ask some specific questions about sex and your sexual partner(s) in the last 12 months. I know it may be difficult to remember exactly, but I would like you to answer the questions to the best of your knowledge, as this information is very important for the survey. Again, this information is all completely private and anonymous and cannot be linked to you or any partner in any way.

I will begin by asking about your most recent sexual partner, but in case you have more than one partner, I will ask only about the last three partners you may have had in the past 12 months. This includes anyone you might have had sex with: husband, wife or wives, girlfriends, boyfriends, friends, casual partners etc.

No.	Questions and filters	Coding categories	Skip to
Q301	Have you *ever* had sexual intercourse?	YES.....1 NO 2	 ➔Q401
Q302	At what age did you *first* have sex?	AGE IN YEARS..... [__|__]	
Q303	When was the *last time* you had sex? ENTER 00 IF LESS THAN A DAY. (COMPLETE ONLY ONE OF THE OPTIONS.)	DAYS AGO .....1 [__|__] WEEKS AGO .....2 [__|__] MONTHS AGO.....3 [__|__] YEARS AGO..... 4 [__|__]	 ➔Q401

Please think about the last time you had sex, and I am going to ask you some questions about your sexual partners, beginning with the person with whom you had sex most recently. (ASK Q304-Q317, BEGINNING WITH MOST RECENT PARTNER.)

		Most recent partner	**Next-to-last partner**	**Second-to-last partner**
Q304	What is your relationship to this PARTNER (Partner 1- MOST RECENT PARTNER) (READ OUT) **IF ANSWER IS 1 OR 2, CHECK Q. 203**	HUSBAND/WIFE .....1 LIVE-IN PARTNER .....2 GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU ..3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX.....4 CASUAL ACQUAINTANCE ...5 OTHER (SPECIFY).....6 _____	HUSBAND/WIFE .....1 LIVE-IN PARTNER .....2 GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU .....3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX .....4 CASUAL ACQUAINTANCE ...5 OTHER (SPECIFY) .....6 _____	HUSBAND/WIFE .....1 LIVE-IN PARTNER .....2 GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU .....3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX .....4 CASUAL ACQUAINTANCE ...5 OTHER (SPECIFY) .....6 _____
Q305	How old is this partner?	AGE..... [__|__] DON'T KNOW 98	AGE..... [__|__] DON'T KNOW 98	AGE ..... [__|__] DON'T KNOW 98
Q306	At what place or event did you *first* talk to or get to know this partner?	OWN/FRIEND'S HOUSE.....1 CHURCH.....2 SCHOOL .....3 WORK .....4 WEDDING, FUNERAL/OTHER FAMILY EVENT .....5 SPORTING EVENT .....6 BAR/NIGHTCLUB.....7 BROTHEL.....8 OTHER (SPECIFY)..... 9 _____	OWN/FRIEND'S HOUSE.....1 CHURCH.....2 SCHOOL .....3 WORK .....4 WEDDING, FUNERAL/OTHER FAMILY EVENT .....5 SPORTING EVENT .....6 BAR/NIGHTCLUB .....7 BROTHEL .....8 OTHER (SPECIFY) ..... 9 _____	OWN/FRIEND'S HOUSE.....1 CHURCH.....2 SCHOOL .....3 WORK .....4 WEDDING, FUNERAL/OTHER FAMILY EVENT .....5 SPORTING EVENT .....6 BAR/NIGHTCLUB .....7 BROTHEL .....8 OTHER (SPECIFY) ..... 9 _____

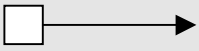
Q307	Where does this partner live? PROBE: Does he/she live in: (READOUT)	SAME HOUSEHOLD .....1 SAME VILLAGE OR NEIGHBORHOOD .....2 OTHER URBAN AREA .....3 OTHER RURAL AREA .....4 OTHER (SPECIFY)..... 5 _____ DON'T KNOW 9	SAME HOUSEHOLD .....1 SAME VILLAGE OR NEIGHBORHOOD .....2 OTHER URBAN AREA .....3 OTHER RURAL AREA .....4 OTHER (SPECIFY) ..... 5 _____ DON'T KNOW 9	SAME HOUSEHOLD .....1 SAME VILLAGE OR NEIGHBORHOOD .....2 OTHER URBAN AREA..... 3 OTHER RURAL AREA ..... 4 OTHER (SPECIFY) ..... 5 _____ DON'T KNOW 9
Q308	When did you first have sex with this partner? ENTER 00 IF LESS THAN A DAY. (COMPLETEONLY ONE OPTION.)	DAYS..... 1 [__|__] WEEKS ..... 2 [__|__] MONTHS..... 3 [__|__] YEARS ..... 4 [__|__]	DAYS ..... 1 [__|__] WEEKS ..... 2 [__|__] MONTHS..... 3 [__|__] YEARS ..... 4 [__|__]	DAYS .....1 [__|__] WEEKS .....2 [__|__] MONTHS.....3 [__|__] YEARS .....4 [__|__]
Q309	Did you use a condom the first time you had sex with this partner?	Yes .....1 No.....2 DON'T KNOW 9	Yes.....1 No.....2 DON'T KNOW 9	Yes..... 1 No ..... 2 DON'T KNOW 9
Q310	When did you last have sex with this partner? (COMPLETE ONLY ONE OPTION.)	DAYS AGO..... 1 [__|__] WEEKS AGO..... 2 [__|__] MONTHS AGO ..... 3 [__|__] YEARS AGO ..... 4 [__|__] WAS A ONE-TIME SEXUAL CONTACT 5	DAYS AGO..... 1 [__|__] WEEKS AGO ..... 2 [__|__] MONTHS AGO..... 3 [__|__] YEARS AGO ..... 4 [__|__] WAS A ONE-TIME SEXUAL CONTACT 5	DAYS AGO .....1 [__|__] WEEKS AGO .....2 [__|__] MONTHS AGO.....3 [__|__] YEARS AGO .....4 [__|__] WAS A ONE-TIME SEXUAL CONTACT 5
Q311	The last time you had sex with this partner, did you or this partner use a condom?	YES .....1 NO.....2 **IF NO, SKIP TO Q313**	YES.....1 NO.....2 **IF NO, SKIP TO Q313**	YES..... 1 NO..... 2 **IF NO, SKIP TO Q313**
Q311A	Which brand of condom did you or your partner use this last time? (CIRCLE ALL MENTIONED)	DUREX……A MAXIMUM……B JEANS……C PARROT……D AROUSER……E SULTAN…… F PROTECTOR…… G LOVER'S PLUS …… H CHISANGO……I CARE FEMALE CONDOM…… J FEMIDOM……K REALITY…… L GENERIC …… M OTHER (SPECIFY)……X _____ DON'T KNOW……Z	DUREX……A MAXIMUM……B JEANS……C PARROT……D AROUSER…… E SULTAN…… F PROTECTOR…… G LOVER'S PLUS …… H CHISANGO…… I CARE FEMALE CONDOM…… J FEMIDOM……K REALITY……L GENERIC …… M OTHER (SPECIFY)……X _____ DON'T KNOW……Z	DUREX……A MAXIMUM……B JEANS……C PARROT……D AROUSER…… E SULTAN…… F PROTECTOR…… G LOVER'S PLUS …… . H CHISANGO……I CARE FEMALE CONDOM…… J FEMIDOM……K REALITY……L GENERIC ……M OTHER (SPECIFY)……X _____ DON'T KNOW……Z

Q312	From what place or person did you or this partner get that condom?	SHOP ..... 1 PHARMACY ..... 2 HOSPITAL/CLINIC ..... 3 FAMILY PLANNING CENTRE ..... 4 BAR/HOTEL ..... 5 OTHER (SPECIFY)..... 6 _____ DON'T KNOW 9	SHOP ..... 1 PHARMACY ..... 2 HOSPITAL/CLINIC ..... 3 FAMILY PLANNING CENTRE ..... 4 BAR/HOTEL ..... 5 OTHER (SPECIFY) ..... 6 _____ DON'T KNOW 9	SHOP ..... 1 PHARMACY ..... 2 HOSPITAL/CLINIC ..... 3 FAMILY PLANNING CENTRE ..... 4 BAR/HOTEL ..... 5 OTHER (SPECIFY) ..... 6 _____ DON'T KNOW 9
Q313	The last time you had sex, did you or this partner drink alcohol?	YES ..... 1 NO ..... 2 DON'T KNOW 9	YES ..... 1 NO ..... 2 DON'T KNOW 9	YES ..... 1 NO ..... 2 DON'T KNOW 9
Q314	The last time you had sex, did you or this partner do anything to delay or avoid pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9 **IF NO OR DON'T KNOW, SKIP TO Q316**	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9 **IF NO OR DON'T KNOW, SKIP TO Q316**	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9 **IF NO OR DON'T KNOW, SKIP TO Q316**
Q315	What did you do to avoid pregnancy?	USED CONDOMS ..... 1 PILL ..... 2 IUD ..... 3 INJECTION ..... 4 WITHDRAWAL ..... 5 SELF OR PARTNER IS STERILE ..... 6 NOTHING ..... 7 OTHER (SPECIFY)..... 8 _____	USED CONDOMS ..... 1 PILL ..... 2 IUD ..... 3 INJECTION ..... 4 WITHDRAWAL ..... 5 SELF OR PARTNER IS STERILE ..... 6 NOTHING ..... 7 OTHER (SPECIFY) ..... 8 _____	USED CONDOMS ..... 1 PILL ..... 2 IUD ..... 3 INJECTION ..... 4 WITHDRAWAL ..... 5 SELF OR PARTNER IS STERILE ..... 6 NOTHING ..... 7 OTHER (SPECIFY) ..... 8 _____
Q316	Do you think this partner has other partners?	YES ..... 1 NO ..... 2 DON'T KNOW 9	YES ..... 1 NO ..... 2 DON'T KNOW 9	YES ..... 1 NO ..... 2 DON'T KNOW 9
Q317	Now think about the partner you may have had sex with before the partner we just talked about. Was this sexual contact within the past 12 months?	YES ..... 1 (IF YES, GO BACK TO 304 AND ASK ABOUT NEXT PARTNER) NO ..... 2 **(IF NO, GO TO Q318)**	YES ..... 1 (IF YES, GO BACK TO 304 AND ASK ABOUT NEXT PARTNER) NO ..... 2 **(IF NO, GO TO Q318)**	**GO TO Q318**

No.	Questions and Filters	Coding Categories	Skip to
Q318	In the last 12 months with how many people overall have you had sex (including these last partners we've discussed)?	NUMBER..... [__|__]	
Q319	In the last 12 months have you exchanged or received money for sex?	YES.....1 NO.....2	➔Q401
Q320	The last time you had sex with someone and exchanged money, did you or this partner use a condom?	YES.....1 NO.....2	

Section 4: Sexually Transmitted Diseases

Now I would like to ask some questions relating to circumcision and sexually transmitted diseases.

No.	Questions and filters	Coding categories	Skip to
Q401	Some men or women have been circumcised. Have you been circumcised?	YES ..... 1 NO 2	
Q402	Have you ever heard of diseases or infections (STDs) that can be transmitted through sexual intercourse?	YES ..... 1 NO 2	➔Q404F
Q403	**In a woman,** what signs and symptoms would lead you to think that she has such a disease or infection? Any others? (CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.)	ABDOMINAL PAIN ..... A DISCHARGE FROM VAGINA ..... B ITCHING IN GENITAL AREA ..... C BURNING PAIN ON URINATION ..... D PAIN DURING INTERCOURSE ..... E GENITAL ULCERS/OPEN SORES ..... F SWELLINGS IN GENITAL AREA ..... G BLOOD IN URINE ..... H FAILURE TO PASS URINE ..... I LOSS OF WEIGHT ..... J INABILITY TO CONCEIVE ..... K NO SYMPTOMS ..... L OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	
Q404	**In a man,** what signs and symptoms would lead you to think that he has such an infection? Any other symptom? (CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.)	ABDOMINAL PAIN ..... A DISCHARGE FROM PENIS ..... B ITCHING IN GENITAL AREA ..... C BURNING PAIN ON URINATION ..... D PAIN DURING INTERCOURSE ..... E GENITAL ULCERS/OPEN SORES ..... F SWELLINGS IN GENITAL AREA ..... G BLOOD IN URINE ..... H FAILURE TO PASS URINE ..... I LOSS OF WEIGHT ..... J IMPOTENCE ..... K NO SYMPTOMS ..... L OTHER (SPECIFY) ..... X _____ DON'T KNOW ..... Z	
	MARK AN "X" IN AN APPROPRIATE BOX BELOW:		
Q404F	CHECK Q301 HAS HAD SEXUAL INTERCOURSE MARK WITH X 	HAS NOT HAD SEXUAL INTERCOURSE MARK WITH X 	Q501
Q405	During the last 12 months, have you had a genital discharge or ulcer?	YES ..... 1 NO 2	➔Q501
Q406	When you had a genital discharge or ulcer during the last 12 months, did you seek any kind of advice or treatment?	YES ..... 1 NO 2	➔Q409

No.	Questions and filters	Coding categories	Skip to
Q407	When you had a genital discharge or ulcer in the last 12 months, did you: **READ OUT** A. Seek advice or medicine from a health worker in a clinic or hospital? — YES 1, NO 2 B. Seek advice or medicine from a traditional healer? — YES 1, NO 2 C. Seek advice or buy medicines in a shop or pharmacy? — YES 1, NO 2 D. Ask for advice from friends or relatives? — YES 1, NO 2 E. Ask for advice or treatment from private doctor? — YES 1, NO 2		
Q408	When you had a genital discharge or ulcer in the past 12 months, what was the <u>first thing you did</u> for either advice or treatment? (CHOOSE ONLY ONE ANSWER.)	SOUGHT ADVICE OR MEDICINE FROM A HEALTH WORKERIN A CLINIC OR HOSPITAL.....1 SOUGHT ADVICE OR MEDICINE FROM A TRADITIONAL HEALER .....2 SOUGHT ADVICE OR BOUGHT MEDICINES IN A SHOP OR PHARMACY .....3 ASKED FRIENDS OR RELATIVES FOR ADVICE .....4 OTHER (SPECIFY).....5 _____ DON'T KNOW 9	
Q409	When you had a genital discharge or ulcer in the last 12 months, did you: (READ OUT) A. Tell your sexual partner(s) about the symptoms? — YES 1, N0 2 B. Stop having sex when you had the symptoms? — YES 1, N0 2 C. Use a condom when having sex when you had the symptoms? — YES 1, N0 2 D. Take medicines when you had the symptoms? — YES 1, N0 2		

Section 5: Knowledge about HIV/AIDS and level of exposure to interventions

Now I would like to ask some questions about HIV, the virus that causes AIDS.

No.	Questions and filters	Coding categories	Skip to
Q501	Have you ever heard of the virus HIV or an illness called AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 9	 ➔Q617 ➔Q617
Q502	In the past 4 weeks, have you heard or seen any information about the AIDS virus?	YES ..... 1 NO 2	 ➔Q504
Q503	From what source(s) did you receive this information about the AIDS virus? Any other source? (CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.)	TELEVISION ..... A RADIO ..... B PARTNER ..... C FRIEND ..... D FAMILY MEMBER ..... E HEALTH CARE WORKER ..... F CO-WORKER ..... G NEWSPAPER/MAGAZINE ..... H OTHER (SPECIFY) ..... I _____ DON'T KNOW ..... Z	
Q503a	Have you seen a show on ZNBC television called X-Plosion?	YES ..... 1 NO ..... 2 NOT SURE 9	
Q503b	Have you heard of "Africa Alive?"	YES ..... 1 NO ..... 2 NOT SURE 9	
Q504	During the past 4 weeks, have you discussed the AIDS virus with anyone?	YES ..... 1 NO 2	 ➔Q506
Q505	With whom have you discussed the AIDS virus during the past 4 weeks? Anyone else? (CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.)	SEX PARTNER ..... A FRIEND ..... B A FAMILY MEMBER (BROTHER, SISTER, PARENT, CHILD, ETC.) .... C HEALTH CARE WORKER ..... D CO-WORKER ..... E OTHER (SPECIFY) ..... X _____	
Q506	Is there anything a person can do to reduce the chances of getting infected with HIV, the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 9	 ➔Q508 ➔Q508

Q507	In what ways can people reduce their chances of getting infected with HIV? Any other ways? (CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE WAYS.)	USE CONDOMS.....A HAVE FEWER PARTNERS.....B BOTH PARTNERS HAVE NO OTHER PARTNERS ..... C NO CASUAL SEX..... D NO SEX AT ALL .....E NO COMMERCIAL SEX .....F AVOID INJECTIONS WITH CONTAMINATED NEEDLES ..... G AVOID BLOOD TRANSFUSIONS ... H OTHER (SPECIFY) .....X _____ DON'T KNOW ANY .....Z	

Now I'm going to ask you some more questions about HIV, the virus that causes AIDS. I would like you to answer according to your opinion.

No.	Questions and filters	Coding categories	Skip to
Q508	Can a person who looks healthy be infected with the AIDS virus?	YES .....1 NO .....2 DON'T KNOW.....9	
	MARK AN "X" IN AN APPROPRIATE BOX BELOW:		
	CHECK Q507 IF CONDOM NOT MENTIONED MARK WITH X ☐ ▼	IF CONDOM MENTIONED MARK WITH X ☐ →	Q510
Q509	Can people reduce their chances of getting the AIDS virus by using a condom correctly every time they have sex?	YES .....1 NO .....2 DON'T KNOW.....9	
Q510	Do you think that a person can get infected with the AIDS virus through mosquito bites?	YES .....1 NO .....2 DON'T KNOW.....9	
Q511	Can people reduce their chances of getting the AIDS virus by having only one sex partner who has no other partners?	YES .....1 NO .....2 DON'T KNOW.....9	
Q512	Can a person get infected with the AIDS virus by sharing a meal with a person who has HIV or AIDS?	YES .....1 NO .....2 DON'T KNOW.....9	
Q513	Can people get AIDS because of witchcraft?	YES .....1 NO .....2 DON'T KNOW.....9	
Q514	Can the AIDS virus be transmitted from a mother to a child?	YES .....1 NO .....2 DON'T KNOW.....9	 →Q601 →Q601
Q515	In which way can a virus be transmitted: (READ OUT)	YES / NO / DON'T KNOW	
	During pregnancy?	1 / 2 / 9	
	At delivery?	1 / 2 / 9	
	Through breast milk?	1 / 2 / 9	
Q516	If a mother is infected with the AIDS virus, is there any way to avoid transmission to the baby?	YES .....1 NO .....2 DON'T KNOW.....9	 →Q601 →Q601
Q517	What ways? (CIRCLE ALL RESPONSES GIVEN.) Any Other way?	ANTIRETROVIRAL THERAPY (DRUGS BEFORE BIRTH)..... .A NOT BREASTFEEDING ..... B CAESAREAN SECTION. ..... C OTHER (SPECIFY)..... X _____ DON'T KNOW.....Z	

Section 6: Attitudes toward people living with HIV/AIDS, gender, counselling

Now I would like to ask you some questions about the attitudes of people towards those living with HIV/AIDS.

No.	Questions and filters	Coding categories	Skip to
Q601	Do you personally know anyone who has HIV or has died from AIDS?	YES.....1 NO .....2 DON'T KNOW 9	
Q602	Have you ever shared a meal with a person you knew or suspected had HIV or AIDS?	YES.....1 NO .....2 DON'T KNOW 9	
Q603	If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	YES.....1 NO .....2 DON'T KNOW 9	
Q604	If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	YES.....1 NO .....2 DON'T KNOW 9	
Q605	If you knew that a shopkeeper or food seller had the AIDS virus, would you buy vegetables from them?	YES.....1 NO .....2 DON'T KNOW 9	
Q606	If a member of your family got infected with the AIDS virus, would you want it to remain a secret?	YES.....1 NO .....2 DON'T KNOW 9	
Q607	I don't want to know the results but have you *ever been tested* to see if you have HIV, the virus that causes AIDS?	YES.....1 NO 2	 ➔Q612
Q608	In the past 12 months have you been tested for HIV, the virus that causes AIDS?	YES.....1 NO 2	 ➔Q612
Q609	I don't want you to tell me the results of the test, but have you been told the results?	YES.....1 NO 2	 ➔Q612
Q610	Did you tell anyone the results of the test?	YES.....1 NO 2	 ➔Q612
Q611	Whom did you tell? (CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.)	SEX PARTNER..... A FRIEND..... B FAMILY MEMBER(S)..... C HEALTH CARE WORKER ..... D CO-WORKER ..... E OTHER (SPECIFY) .....X _____	
Q612	Would you ever want to be tested (again) for HIV?	YES.....1 NO .....2 DON'T KNOW 9	

No.	Questions and filters	Coding categories	Skip to
Q613	Do you know of a place where you can go to get an HIV test?	YES.....1 NO 2	 ➔Q615
Q614	If you wanted to be tested, where could you go for the test? (CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.)	VCT CENTRE (HIV TESTING CENTRE)..... A HOSPITAL/CLINIC..... B PHARMACY..... C MOBILE CLINIC..... D FAMILY PLANNING CENTRE..... E FIELD WORKER.....F OTHER (SPECIFY) ..... X _____ DON'T KNOW .....Z	
Q615	If you chose to be tested for HIV, the virus that causes AIDS, and were told after the test that you had HIV, would you tell anyone the results?	YES.....1 NO .....2 DON'T KNOW 9	 ➔Q617 ➔Q617
Q616	With whom would you share this information? Would you tell your… (READ OUT) (MORE THAN ONE ANSWER IS POSSIBLE)	SPOUSE / SEX PARTNER: YES 1, NO 2, DK 9 FAMILY MEMBER(S): YES 1, NO 2, DK 9 FRIENDS: YES 1, NO 2, DK 9 HEALTH CARE WORKERS: YES 1, NO 2, DK 9 CO-WORKERS: YES 1, NO 2, DK 9 OTHER (SPECIFY) _____: YES 1, NO 2, DK 9	
Q617	Do you think that **unmarried** women should always be able to buy condoms?	YES.....1 NO 2	
Q618	Can a woman protect herself from getting an STD if her husband has an STD?	YES.....1 NO .....2 DON'T KNOW 9	 ➔Q701 ➔Q701
Q619	What can she do to protect herself? Anything else? (MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL MENTIONED)	SHE CAN REFUSE SEX..... A SHE CAN INSIST ON USING CONDOMS ..... B SHE CAN TAKE MEDICINES ..... C OTHER (SPECIFY) ..... X _____ DON'T KNOW .....Z	

IF RESPONDENT IS MALE, SKIP TO SECTION 8: SIBLING HISTORY.

Section 7: Childbearing and Antenatal Care (WOMEN ONLY)

The following questions are about all the births you have had during your life and about your antenatal care visits.

No.	Questions and filters	Coding categories	Skip to
Q701	Have you ever been pregnant before/given birth?	YES, ONLY BEEN PREGNANT .....1 YES, GIVEN BIRTH .....2 NO 3	➔ Q705 ➔ Q801
Q702	How many times have you given birth?	NUMBER OF BIRTHS..... [__|__]	
Q703	When was the last time you gave birth?	MONTH..... [__|__] DON'T KNOW MONTH .....98 YEAR ..... |__[__|__|__]__| DON'T KNOW YEAR 9999	**IF MORE THAN 2 YEARS AGO, SKIP TO Q705**
Q704	Have you resumed sex since this birth?	YES.....1 NO 2	
Q705	Did you attend an antenatal clinic during that last pregnancy?	YES.....1 NO 2	➔Q714
Q706	How many times during this last pregnancy did you visit the antenatal clinic? (IF NOT SURE, ASK FOR ANC CARD)	NUMBER OF VISITS ..... [__]__|	
Q707	At what point in your pregnancy did you visit the antenatal clinic? How many weeks pregnant were you?	WEEKS OF PREGNANCY..... [__|__]	
Q708	Was this a private, government, mission, or other kind of clinic?	PRIVATE.....1 GOVERNMENT .....2 MISSION.....3 OTHER (SPECIFY) .....4 _____ DON'T KNOW 9	
Q709	When you attended the clinic, were you given any information or counselled about HIV?	YES.....1 NO 2	
Q710	When you attended the clinic, were you given any information or counselled about STDs?	YES.....1 NO 2	
Q711	Was HIV testing offered to you at any time during your visit(s)?	YES.....1 NO 2	➔Q714
Q712	Did you agree to be tested for HIV during any of these visits?	YES.....1 NO 2	➔Q714
Q713	Did you receive the results of the HIV test?	YES.....1 NO 2	
Q714	Are you pregnant now?	YES.....1 NO 2	➔801
Q715	Have you gone for antenatal care during this pregnancy?	YES.....1 NO 2	

SECTION 8. SIBLING HISTORY

Now I would like to ask you some questions about your brothers and sisters.

NO.	QUESTIONS AND FILTERS							
801	First of all, please tell me how many children your mother gave birth to, including you? RECORD NUMBER OF BIRTHS TO THE RESPONDENT'S NATURAL MOTHER, INCLUDING THE RESPONDENT. ENTER NUMBER OF BIRTHS IN THE BOX PROVIDED.			NUMBER OF BIRTHS TO NATURAL MOTHER ..... ☐☐				
802	What was the name given to your oldest (next oldest) brother or sister? WRITE THE NAMES OF THE RESPONDENT'S BROTHERS AND SISTERS INCLUDING RESPONDENT.	[1] _	[2] _	[3] _	[4] _	[5] _	[6] _	
803	Is (NAME) male or female?	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2	
804	Is (NAME) still alive?	YES ..... 1 NO ..... 2 └→GO TO 806 DK ..... 8 └→GO TO [2]	YES ..... 1 NO ..... 2 └→GO TO 806 DK ..... 8 └→GO TO [3]	YES ..... 1 NO ..... 2 └→GO TO 806 DK ..... 8 └→GO TO [4]	YES ..... 1 NO ..... 2 └→GO TO 806 DK ..... 8 └→GO TO [5]	YES ..... 1 NO ..... 2 └→GO TO 806 DK ..... 8 └→GO TO [6]	YES ..... 1 NO ..... 2 └→GO TO 806 DK ..... 8 └→GO TO [7]	
805	How old is (NAME)?	☐☐ GO TO [2]	☐☐ GO TO [3]	☐☐ GO TO [4]	☐☐ GO TO [5]	☐☐ GO TO [6]	☐☐ GO TO [7]	
806	In what year did (name) die?	☐☐☐☐ GO TO 808 DK 9998	☐☐☐☐ GO TO 808 DK 9998	☐☐☐☐ GO TO 808 DK 9998	☐☐☐☐ GO TO 808 DK 9998	☐☐☐☐ GO TO 808 DK 9998	☐☐☐☐ GO TO 808 DK 9998	
807	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
808	How old was (NAME) when he/she died? (IN YEARS)	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	
809	IF AGE AT DEATH AT LEAST 15 YEARS, ASK: For how many months was [NAME] ill before he/she died?	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	☐☐ DK 98	

NO.	QUESTIONS AND FILTERS							
810	From what cause did [NAME] die?	AIDS.....1 TB .....2 OTHER INFECTIOUS DISEASE.....3 MALNUTRITION .....4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 ANAEMIA.....8 MALARIA .....9 MENINGITIS .....10 DIARRHOEA.....11 OTHER .....12 DK.....98	AIDS ..... 1 TB..... 2 OTHER INFECTIOUS DISEASE ..... 3 MALNUTRITION..... 4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES ..... 6 HEARTDISEASE/ STROKE/CANCER ..... 7 ANAEMIA ..... 8 MALARIA ..... 9 MENINGITIS..... 10 DIARRHOEA ..... 11 OTHER..... 12 DK 98	AIDS .....1 TB .....2 OTHER INFECTIOUS DISEASE.....3 MALNUTRITION .....4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 ANAEMIA.....8 MALARIA .....9 MENINGITIS .....10 DIARRHOEA.....11 OTHER .....12 DK.....98	AIDS..... 1 TB..... 2 OTHER INFECTIOUS DISEASE ..... 3 MALNUTRITION..... 4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES ..... 6 HEARTDISEASE/ STROKE/CANCER ..... 7 ANAEMIA ..... 8 MALARIA ..... 9 MENINGITIS..... 10 DIARRHOEA ..... 11 OTHER..... 12 DK 98	AIDS .....1 TB .....2 OTHER INFECTIOUS DISEASE .....3 MALNUTRITION .....4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 ANAEMIA.....8 MALARIA .....9 MENINGITIS .....10 DIARRHOEA.....11 OTHER .....12 DK.....98	AIDS..... 1 TB..... 2 OTHER INFECTIOUS DISEASE ..... 3 MALNUTRITION..... 4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES ..... 6 HEARTDISEASE/ STROKE/CANCER ..... 7 ANAEMIA ..... 8 MALARIA ..... 9 MENINGITIS.....10 DIARRHOEA .....11 OTHER.....12 DK 98

IF NO MORE BROTHERS OR SISTERS, GO TO END. USE THIS PAGE IF MORE THAN 6 SIBLINGS.

NO.	QUESTIONS AND FILTERS						
802	WRITE THE NAMES OF THE RESPONDENT`S BROTHERS AND SISTERS INCLUDING RESPONDENT.	[7] _	[8] _	[9] _	[10] _	[11] _	[12] _
803	Is (NAME) male or female?	MALE.....1 FEMALE 2	MALE ..... 1 FEMALE..... 2	MALE.....1 FEMALE 2	MALE ..... 1 FEMALE..... 2	MALE.....1 FEMALE 2	MALE ..... 1 FEMALE 2
804	Is (NAME) still alive?	YES .....1 NO .....2 └→GO TO 806 DK .....8 └→GO TO [8]	YES..... 1 NO ..... 2 └→GO TO 806 DK..... 8 └→GO TO [9]	YES .....1 NO.....2 └→GO TO 806 DK .....8 └→GO TO [10]	YES..... 1 NO ..... 2 └→GO TO 806 DK..... 8 └→GO TO [11]	YES .....1 NO.....2 └→GO TO 806 DK .....8 └→GO TO [12]	YES..... 1 NO ..... 2 └→GO TO 806 DK..... 8 └→GO TO [13]
805	How old is (NAME)?	☐☐ GO TO [8]	☐☐ GO TO [9]	☐☐ GO TO [10]	☐☐ GO TO [11]	☐☐ GO TO [12]	☐☐ GO TO [13]
806	In what year did (name) die?	☐☐☐☐ GO TO 808◂┘ DK 9998	☐☐☐☐ GO TO 808◂┘ DK.....9998	☐☐☐☐ GO TO 808◂┘ DK 9998	☐☐☐☐ GO TO 808◂┘ DK.....9998	☐☐☐☐ GO TO 808◂┘ DK 9998	☐☐☐☐ GO TO 808◂┘ DK.....9998
807	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
808	How old was (NAME) when he/she died?	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK.....98
809	IF AGE AT DEATH AT LEAST 15 YEARS, ASK: For how many months was [NAME] ill before he/she died?	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK.....98

IF NO MORE BROTHERS OR SISTERS, GO TO END. USE THIS PAGE IF MORE THAN 6 SIBLINGS.							
810	From what cause did [NAME] die?	AIDS.....1 TB .....2 OTHER INFECTIOUS DISEASE.....3 MALNUTRITION .....4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 ANAEMIA.....8 MALARIA .....9 MENINGITIS .....10 DIARRHOEA.....11 OTHER .....12 DK.....98	AIDS ..... 1 TB..... 2 OTHER INFECTIOUS DISEASE ..... 3 MALNUTRITION..... 4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES ..... 6 HEARTDISEASE/ STROKE/CANCER ..... 7 ANAEMIA ..... 8 MALARIA ..... 9 MENINGITIS..... 10 DIARRHOEA ..... 11 OTHER..... 12 DK 98	AIDS .....1 TB .....2 OTHER INFECTIOUS DISEASE.....3 MALNUTRITION .....4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 ANAEMIA.....8 MALARIA .....9 MENINGITIS .....10 DIARRHOEA.....11 OTHER .....12 DK.....98	AIDS..... 1 TB..... 2 OTHER INFECTIOUS DISEASE ..... 3 MALNUTRITION..... 4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES ..... 6 HEARTDISEASE/ STROKE/CANCER ..... 7 ANAEMIA ..... 8 MALARIA ..... 9 MENINGITIS..... 10 DIARRHOEA ..... 11 OTHER..... 12 DK 98	AIDS .....1 TB .....2 OTHER INFECTIOUS DISEASE .....3 MALNUTRITION .....4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 ANAEMIA.....8 MALARIA .....9 MENINGITIS .....10 DIARRHOEA.....11 OTHER .....12 DK.....98	AIDS..... 1 TB..... 2 OTHER INFECTIOUS DISEASE ..... 3 MALNUTRITION..... 4 MATERNAL ….DEATH 5 VIOLENCE/ INJURIES ..... 6 HEARTDISEASE/ STROKE/CANCER ..... 7 ANAEMIA ..... 8 MALARIA ..... 9 MENINGITIS.....10 DIARRHOEA .....11 OTHER.....12 DK 98

IF NO MORE BROTHERS OR SISTERS, GO TO END. USE THIS PAGE IF MORE THAN 12 SIBLINGS.

NO.	QUESTIONS AND FILTERS						
802	WRITE THE NAMES OF THE RESPONDENT`S BROTHERS AND SISTERS INCLUDING RESPONDENT.	[13] _	[14] _	[15] _	[16] _	[17] _	[18] _
803	Is (NAME) male or female?	MALE.....1 FEMALE 2	MALE ..... 1 FEMALE..... 2	MALE.....1 FEMALE 2	MALE ..... 1 FEMALE..... 2	MALE.....1 FEMALE 2	MALE ..... 1 FEMALE 2
804	Is (NAME) still alive?	YES .....1 NO .....2 └→GO TO 806 DK .....8 └→GO TO [14]	YES..... 1 NO ..... 2 └→GO TO 806 DK..... 8 └→GO TO [15]	YES .....1 NO.....2 └→GO TO 806 DK .....8 └→GO TO [16]	YES..... 1 NO ..... 2 └→GO TO 806 DK..... 8 └→GO TO [17]	YES .....1 NO.....2 └→GO TO 806 DK .....8 └→GO TO [18]	YES..... 1 NO ..... 2 └→GO TO 806 DK..... 8 └→GO TO [END]
805	How old is (NAME)?	☐☐ GO TO [14]	☐☐ GO TO [15]	☐☐ GO TO [16]	☐☐ GO TO [17]	☐☐ GO TO [18]	☐☐ GO TO [END]
806	In what year did (name) die?	☐☐☐☐ GO TO 808◂┘ DK 9998	☐☐☐☐ GO TO 808◂┘ DK.....9998	☐☐☐☐ GO TO 808◂┘ DK 9998	☐☐☐☐ GO TO 808◂┘ DK.....9998	☐☐☐☐ GO TO 808◂┘ DK 9998	☐☐☐☐ GO TO 808◂┘ DK.....9998
807	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
808	How old was (NAME) when he/she died?	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK.....98
809	IF AGE AT DEATH AT LEAST 15 YEARS, ASK: For how many months was [NAME] ill before he/she died?	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK..... 98	☐☐ DK 98	☐☐ DK.....98

IF NO MORE BROTHERS OR SISTERS, GO TO END. USE THIS PAGE IF MORE THAN 12 SIBLINGS.

810	From what cause did [NAME] die?	AIDS........................1 TB............................2 OTHER INFECTIOUS DISEASE.............3 MALNUTRITION ......4 MATERNAL ....DEATH 5 VIOLENCE/ INJURIES.............6 HEARTDISEASE/ STROKE/CANCER ....7 ANAEMIA.................8 MALARIA ....9 MENINGITIS ....10 DIARRHOEA..........11 OTHER ....12 DK.........................98	AIDS........................1 TB............................2 OTHER INFECTIOUS DISEASE.............3 MALNUTRITION ......4 MATERNAL ....DEATH 5 VIOLENCE/ INJURIES.............6 HEARTDISEASE/ STROKE/CANCER ....7 ANAEMIA.................8 MALARIA ....9 MENINGITIS ....10 DIARRHOEA..........11 OTHER ....12 DK.........................98	AIDS........................1 TB............................2 OTHER INFECTIOUS DISEASE.............3 MALNUTRITION ......4 MATERNAL ....DEATH 5 VIOLENCE/ INJURIES.............6 HEARTDISEASE/ STROKE/CANCER ....7 ANAEMIA.................8 MALARIA ....9 MENINGITIS ....10 DIARRHOEA..........11 OTHER ....12 DK.........................98	AIDS........................1 TB............................2 OTHER INFECTIOUS DISEASE.............3 MALNUTRITION ......4 MATERNAL ....DEATH 5 VIOLENCE/ INJURIES.............6 HEARTDISEASE/ STROKE/CANCER ....7 ANAEMIA.................8 MALARIA ....9 MENINGITIS ....10 DIARRHOEA..........11 OTHER ....12 DK.........................98	AIDS........................1 TB............................2 OTHER INFECTIOUS DISEASE.............3 MALNUTRITION ......4 MATERNAL ....DEATH 5 VIOLENCE/ INJURIES.............6 HEARTDISEASE/ STROKE/CANCER ....7 ANAEMIA.................8 MALARIA ....9 MENINGITIS ....10 DIARRHOEA..........11 OTHER ....12 DK.........................98	AIDS........................1 TB............................2 OTHER INFECTIOUS DISEASE.............3 MALNUTRITION ......4 MATERNAL ....DEATH 5 VIOLENCE/ INJURIES.............6 HEARTDISEASE/ STROKE/CANCER ....7 ANAEMIA.................8 MALARIA ....9 MENINGITIS ....10 DIARRHOEA ....11 OTHER...................12 DK..........................98

IF NO MORE BROTHERS OR SISTERS, THANK RESPONDENT AND END THE INTERVIEW.

(CHECK FOR COMPLETENESS. IMMEDIATELY STORE COMPLETED QUESTIONNAIRE IN ENVELOPE, SEPARATE FROM HOUSEHOLD QUESTIONNAIRES.)